**2021-2023 NEWSPAPER SURVEY FOR LINE RATE CALCULATIONS**

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|  | **PROVIDE UPDATED INFORMATION** |
| 1. **NEWSPAPER NAME** |  |
| 1. **NEWSPAPER TYPE**   **Large Daily, Small Daily, Weekly** |  |
| 1. **COMPANY NAME**   **If different from newspaper** |  |
| 1. **CONTACT NAME** |  |
| 1. **MAILING ADDRESS** |  |
| 1. **CITY** |  |
| 1. **STATE / ZIP** |  |
| 1. **COUNTY** |  |
| 1. **OFFICIAL NEWSPAPER FOR COUNTY?**   **If yes, provide County information** |  |
| 1. **PHONE** |  |
| 1. **EMAIL** |  |
| 1. **COLUMN WIDTH IN INCHES**   **e.g., 2.5” OR 2-1/2”** |  |
| 1. **FONT SIZE** |  |
| 1. **FONT NAME**   **e.g., Helvetica** |  |

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| **IMPORTANT**  When providing updated information ***for the******gray shaded boxes******above*** you **MUST** also provide the following**.**   1. A tear sheet containing at least one legal notice line ad from a recent publication with the changes. 2. A font sample on ***a separate sheet of paper***. A font sample must be an original and must be produced with your publication software. ***Do not use other software (such as Microsoft Word™), copy, fax machines, or email because it may distort the sample.*** To prepare the font sample, set your lowercase alphabet twice on one line with no separation between the two alphabets. It should look like this.   “abcdefghijklmnopqrstuvwxyzabcdefghijklmnopqrstuvwxyz”   1. Complete and sign this form: ***2021-2023 Newspaper Survey for Line Rate Calculations***. 2. Mail the three (3) required items listed above to the following address.   ***OMB State Procurement Office • ATTN: 21-23 Legal Notice Rates • 4th Floor State Capitol Building •***  ***600 E Boulevard Ave, Dept 110 • Bismarck, ND 58505-0400*** |

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| YES – I certify the above information is true and accurate to the best of my knowledge. I also certify that any future changes will be immediately communicated to the OMB State Procurement Office.   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Printed Name |  | Signature |  | Date | |