**Advertisement Broadcast CANCEL / STOP Request Form- 90-2000-R1**

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| --- | --- |
| Merchant /Client Business Legal Name |  |
| Business Address |  |
| City |  |
| State/Province |  |
| Country |  |
| Postal Code |  |
| County / district |  |
| Assigned Advertisement number: RATV |  |

|  |
| --- |
| **Advertisement:** Describe your advertisement here or tell us about your readymade A/V advertisement. If you want RATV to produce your advertisement, then express it here.  Cancellation Request: Y/N    Cancel with effect from START DATE  STOP TEMPORARILY for a Fixed DURATION:  RESTART DATE:  Notes/ remarks /comments/feedback: |

**Advertisement CANCEL /STOP Requested by**:

Dated:

**Advertisement Approved by:**

Dated: