**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: