

CANDIDATE REQUEST FOR POLITICAL BROADCAST INFORMATION OR TIME

Date of Request: _____ **Time of Request:** _____

Candidate Name: _____

Party: _____

Candidate for: _____
(Office) (Location)

Candidate's Authorized Committee: _____

Treasurer of Candidate's Authorized Committee: _____

Address: _____

Telephone: _____

Agency for Candidate (if any): _____

Name of Person Requesting Information/Time: _____

Information Requested: _____

- Rates for (Stations) _____
- Availabilities for _____
- Other: _____

Disposition of Request:
___ Accepted ___ Rejected ___ Accepted or Rejected in part (attach explanation)

Disclosure Statement Provided by Station: ___ Yes ___ No ___ Previously provided

Certificate (for Federal candidates only) Provided: ___ Yes ___ No ___ Previously provided

Other Information: _____

Inquiry Received By: _____