



REQUEST FOR POLITICAL TIME
Local, State, Federal Candidates
Issue Advertising

Date: _____

On _____, _____, _____
(Date) (Authorized person/committee or candidate) (Phone/fax/email)

Requested for _____, candidate for the office of
(Name of candidate)

Charter Amendment Action Committee
_____.

Length: _____
Class of Time: _____
Rate: _____
Times per Week: _____
Broadcast Dates: _____
Specific Program: Proposed Schedule

Rate Card: _____
Information: _____
Political Kit: _____
Book Production Room: _____
Mailed, faxed emailed to: _____

The request was:

- o Accepted
o Rejected

Note: This form must be filled out immediately after each request has been made and placed in the station's political file. If the transaction has been finalized by acceptance or rejection, the NAB political broadcast form will, as soon as possible, be completed and placed in the political file.