



**CITY OF WEST PARK
REQUEST FOR CANCELLATION**

(Form must be signed and notarized by owner or contractor)

Date: _____

Request to cancel application and or permit number: _____

Reason for cancellation request:

Customer Name: _____ (for mailing purposes)

Customer Address: _____

City: _____ State: _____ Zip: _____

Customer Telephone Number: _____

Customer E-Mail Address: _____

Person requesting cancellation is: _____ Property Owner _____

Contractor:

Print Name: _____ Customer's Signature: _____

STATE OF FLORIDA

COUNTY OF BROWARD

Sworn to and subscribed before me this _____ day of _____, 20_____,

by _____.

Signature of Notary Public _____ Print Name _____

Personally known _____ or Produced Identification _____