City of West Park
1965 South State Road 7
West Park, FL 33023
Phone: (954) 989-2688/ Fax: (954) 989-2684
www.cityofwestpark.org

Request for Cancellation

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

Date: _____ Request to cancel 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_____

Calvin, Giordano & Associates, Inc.
EXCEPTIONAL SOLUTIONS

NOTARY SEAL

Acceptable forms of payment include debit/credit card, check, or money order.
Please make all checks/money orders payable to CGA.