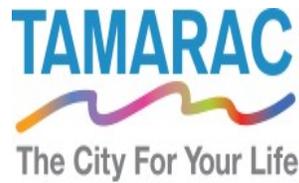


Please email completed form to [permit@tamarac.org](mailto:permit@tamarac.org).



## Permit cancellation

Permit #: \_\_\_\_\_

Address: \_\_\_\_\_

Company name: \_\_\_\_\_

Reason for cancellation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Qualifier's Signature

\_\_\_\_\_  
Print Qualifier's Name

State of Florida  
County of Broward

Sworn to (or affirmed) and subscribed before me by means of  Physical Presence or  Online Notarization,

this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, by \_\_\_\_\_  
Day Month Year Name of Person Swearing or Affirming

\_\_\_\_\_  
Signature of Notary Public – State of Florida

\_\_\_\_\_  
Name of Notary Typed, Printed or Stamped

Personally Known

Produced Identification

Place Notary Seal Stamp Above

Type of Identification Produced: \_\_\_\_\_

Please email completed form to [permit@tamarac.org](mailto:permit@tamarac.org)