



REQUEST TO DELETE / CLOSE ENTIRE ACCOUNT

Environmental Health Division
5050 Commerce Drive, Baldwin Park, CA 91706
www.publichealth.lacounty.gov/eh
Telephone: (626) 430-5570/ Fax: (626) 962-1805



Date: _____

PR# _____

Name of Owner (individual/ corporation: _____

Name of Business (DBA): _____

Business Address: _____

Room / Unit #: _____

City: _____ Zip Code: _____

Phone #: () _____

Provide a legible copy of Owner Driver License/Identification.

State reason of closure: _____

Business closed as of: _____

I hereby swear, under penalty of perjury, that the foregoing statements are true and correct. I understand that ANY MISREPRESENTATION IS GROUNDS FOR DENIAL OR REVOCATION OF THIS REQUEST FOR DELETION.

Print Name & Position of Requestor

Signature

Date

Alternate mailing address : _____

Tel. No: _____ E-mail address: _____

DEPARTMENTAL USE ONLY

SUBDISTRICT	EHS	FA#	PR#	VERIFIED BY:	DATE