

Business Modification Form

_____, will no longer operate _____
(Business Name) *Vehicle License Plate #*

The last day of operation was/will be _____ .
Date

Signature Date

Contact Information:

Name & Title of Signer

Address

City, State & Zip Code

Phone

Imperial County Public Health Department, Environmental Health Division
1221 W. State St., Suite B, El Centro CA 92243
Phone: (442) 265-1888 Fax: (442) 265-1903
www.icphd.org