

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, Division of Environmental Health
797 Main Street, Suite B, El Centro CA 92243
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www.icphd.org