

**CITY OF FULLERTON
BUILDING DEPARTMENT
REQUEST TO CANCEL PERMIT(S)**

Office use: Approved

Date: _____

Denied

Attention: Building Official

Please cancel the following permit number(s):

1. _____ 3. _____ 5. _____

2. _____ 4. _____ 6. _____

For the address of: _____

This cancellation request is for the following reason:

Signature

Print Name

Address

Telephone Number

City, State, Zip Code