

Notice of CCH License Surrender

Date: _____

To Whom It May Concern,

I wish to surrender my CCH License effective, _____. I am surrendering my CCH License to _____ Region for the following applicant(s) and home:

NAME(s): _____

STREET: _____

TOWN: _____ **ZIP:** _____

TELEPHONE: (____) _____

This home was licensed to provide services for

___ Adult(s) ___ Children

Sincerely,