## **MEMORANDUM**

10	•	State of New Jersey Department of Environmental Protection Division of Water Supply Bureau of Water Allocation and Well Permitting P.O. Box 420 Trenton, NJ 08625-0420	
FRO	OM:		
SUI	BJECT:	REQUEST FOR PERMIT CANCELLATION	
I	PLEASE U	USE INDIVIDUAL CANCELLATION FORMS FOR EACH PERMIT UNLESS PERMIT NUMBERS LISTED ARE IN SEQUENTIAL ORDER	
	PEI	RMIT NUMBERS BEGINNING WITH "E" MUST BE CANCELLED ELECTRONICALLY	
		e with the conditions listed on the Permit To Drill Well, it is requested that the mit number(s) be cancelled:	
1.	Permi	it Number(s)	
2.	Name	of Owner:(Only one owner per form)	
3.	Signa	ature of Drilling Contractor:	
4.	Regis	stration Number:	
5.	Date:		