



Notice of Cancellation of Employment Registered Irrigation Employee

Print legibly or type

As of _____, _____
(date of termination) (name of registered irrigation employee)

(current home address (street, city, state, ZIP code) of registered irrigation employee)

who has Illinois number _____ is no longer employed by the undersigned.
(sample 060-*****)

Note: Every effort must be made by the registered irrigation contractor to return the registration card of this employee to the Illinois Department of Public Health.

***Cancellation is only necessary to stay within your allotted number of employees.**

Name of registered irrigation contractor _____
(name)

Address of registered irrigation contractor _____
(street address)

City/State/ZIP Code _____
(city) (state) (ZIP code)

Illinois Irrigation Contractor Registration number _____
(sample 060-*****)

Original Signature of Irrigation Contractor

Date Signed

RETURN THIS COMPLETED FORM AND THE \$20 FEE TO: Illinois Department of Public Health
Office of Health Protection
Plumbing Program
525 W. Jefferson St., 3rd Floor
Springfield, IL 62761
Telephone 217-524-0791
TTY (hearing impaired use ONLY) 800-547-0466

THE FEE FOR CANCELLATION OF IRRIGATION EMPLOYEE REGISTRATION IS \$20.
DO NOT SEND CASH! Attach a check or money order, payable to the Illinois Department of Public Health.

CANCELLATION FEES ARE NON-REFUNDABLE.

RETURNED CHECK FEE: \$200