

**ILLINOIS DEPARTMENT OF PUBLIC HEALTH
NOTICE OF CANCELLATION OF EMPLOYMENT
REGISTERED IRRIGATION EMPLOYEE**

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

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

who has Illinois number _____ is no longer employed by the undersigned.
(Sample 60-*****-02)

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

Name of registered irrigation contractor _____
Name

Address of registered irrigation contractor _____
Address

City/State/ZIP Code _____
City State ZIP

Illinois Irrigation Contractor Registration number _____
(Sample 60-*****-01)

(Date Signed) (Original Signature of Irrigation Contractor)

RETURN THIS COMPLETED FORM AND THE \$10.00 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 \$10.00. DO NOT SEND CASH! Attach a check or money order, payable to the Illinois Department of Public Health.

CANCELLATION FEES ARE NON-REFUNDABLE.