



COMPOSTING FACILITY PERMIT CANCELLATION REQUEST

This is a request to cancel Composting Facility Permit No. _____

Name of County/City/Company:	E-mail:
Address:	City, State, Zip Code:
Mailing Address (if different):	Mailing City, State, Zip Code (if different):
Office Phone No.:	Cell phone No.:

Check reason(s) for cancelling the permit:

<input type="checkbox"/> Do not want to do composting anymore.	<input type="checkbox"/> Will be closing down our company.
<input type="checkbox"/> Down-sizing compost area to < 1/2 acre: Will apply for a Registration to replace the Permit.	<input type="checkbox"/> Other reason (please explain): _____ _____
<input type="checkbox"/> Could not secure the financial assurance.	

I certify that the above information is a true and accurate representation of the facts. Further, I agree to hold the Kansas Department of Health & Environment Bureau of Waste Management, its agent and authorized personnel, harmless, and relieve them from any responsibility for damages or expenses, including, but not limited to attorneys' fees resulting from the cancellation of this permit or the issuance of a new permit. It is the undersigned's responsibility to notify all interested parties of this permit cancellation.

Name of Responsible Person (please print)	Signature of Responsible Person (SIGNATURE MUST BE NOTARIZED)	Date
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STATE OF _____, COUNTY OF _____

Signed or sworn to me this _____ day of _____, 20____, by _____,
 who is personally known or produced _____ as identification.

Expiration Date: _____ Commission Number: _____

Signature of Notary Public: _____

Printed Name of Notary Public: _____