

**GROUP HOME
APPLICATION RESCIND FORM**

_____ ***I NO LONGER OPERATE*** a Group Home at the address listed below.

Facility Name: _____

Facility Address: _____

Contact Person: _____

Telephone Number: _____

I hereby certify that all information contained herein and information submitted as part of the requested file maintenance update is correct, and that I am authorized to rescind registration on said property, being either the owner of record or authorized to file on behalf of the owner. (If not owner of record, attach written authorization from owner.)

Printed Name

Signature

Date

ACKNOWLEDGEMENTS

STATE OF ARIZONA)
) ss.
County of Maricopa)

SUBSCRIBED AND SWORN to before me this ___ day of _____, _____, by _____ of the City of Peoria, Arizona, an Arizona municipal corporation, on behalf of the corporation.

My Commission Expires: _____
Notary Public