



PLAINFIELD POLICE DEPARTMENT

14300 S. COIL PLUS DR.
PLAINFIELD, IL 60544
(815) 436-6544

BUSINESS ACCOUNT
CANCELLATION NOTICE

ACCOUNT NUMBER: _____

NAME: _____

ADDRESS: _____

BUSINESS ADDRESS (if different from above) _____

TO: PLAINFIELD POLICE DEPARTMENT

Please be advised that the business at the above named address has been closed and is no longer conducting business.

I, _____, understand that by signing and returning this notice, my business account will be cancelled and I will no longer be liable for annual registration fees. However, in the event of reopening my business after the account has been cancelled, I understand that failure to comply with the Village's Business License Ordinance and obtain a business license may subject me to any and all fees incurred due to non-registration of my business.

DATE OF CANCELLATION _____

SIGNATURE: _____ DATE: _____

PRINTED NAME: _____

If you have any questions or concerns, please contact the Plainfield Police Licensing/Permits Coordinator, Monday through Friday, between 7:30 a.m. and 4:00 pm at (815) 439-4805. Administrative Office hours are Monday through Friday, between 8:00 a.m. and 6:00 p.m.

FOR OFFICE USE ONLY	REASON FOR CANCELLATION:
RECEIVED: _____	
POSTED: _____	