REVOCATION FORM FOR REMOVING CONSULTANTS AS AUTHORIZED RP AGENTS

FACILITY GLOBAL ID #:

SITE OWNER, OPERATOR, OR RESPONSIBLE PERSON (RP) **AND** ADDRESS::			
FACILITY/ LEAK SITE ADDRESS:	CITY	STATE	ZIP CODE

The above identified person does hereby revoke the access authorization for:

DESIGNATED AUTHORIZED REPRESENTATIVE NAME:			
COMPANY NAME:			
COMPANY ADDRESS	CITY	STATE	ZIP CODE

to upload electronic data to the GeoTracker database of analytical and survey data pertaining to the site identified above.

This Revocation of Authority for designation of a representative shall become effective on the date of execution and shall remain in effect until terminated, in writing, by the above-named owner / operator or responsible person.

EXECUTED THIS _____ DAY OF _____, 20 _____

ADDRESS _____

_____ _____

OWNER / OPERATOR OR RP SIGNATURE **PHONE NUMBER**

_____

OWNER / OPERATOR OR RP NAME

Please FAX, email, or mail the completed Revocation Form to Hamid Foolad
FAX: (916) 341- 5808, Email: hfoolad@waterboards.ca.gov
SWRCB, P.O. Box 2231, Sacramento, CA 95812

Questions? Call Hamid Foolad at (916) 341-5791