

**Cancellation of Permit**

Permittee Name: \_\_\_\_\_

Permit Number: \_\_\_\_\_

Person Authorizing Cancellation: \_\_\_\_\_

Cancellation Date: \_\_\_\_\_

Reason for Cancellation : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please Send this Form to :**

Division of Natural Resources

Office of Land and Streams

324 4<sup>th</sup> Avenue, Room 200

South Charleston, WV 25303

**OR**

**Via E-Mail at:**

[DNRLandandStreams@wv.gov](mailto:DNRLandandStreams@wv.gov)

If you have any questions, please contact our office (304)558-3225