

**HOOPA VALLEY TRIBE
FOOD DISTRIBUTION PROGRAM**

*Post Office Box 498, Hoopa, California 95546
Phone (530) 625-4646 Fax (530) 625-4717*

Letter of Discontinuance

Date: _____

Case# _____

Name: _____
First Middle Last

Address: _____
P.O. Box or Street Address City State Zip

I, _____, request to be discontinued from
the Food Distribution Program as of _____

Signature of Participant

Signature of Certifier