

HOOPA FOOD DISTRIBUTION PROGRAM
P.O. BOX 498
HOOPA, CA 95546
PHONE (530) 625-4646 FAX (530) 625-4717

Letter of Discontinuance

Date: _____

Case Name: _____

Name: _____

Address: _____

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

Signature of participant: _____

Signature of certifier: _____

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