

LSIOT, INC

DOMESTIC PARTNER TEMPORARY PRIVILEGE PERMIT REVOCATION FORM

DATE OF REQUEST: _____

MEMBER NAME: _____

MEMBER ADDRESS:

MEMBER PHONE NO.: _____

By signing below you are requesting that your Domestic Partners Temporary Privilege Permit be revoked and fully understand that your Domestic Partner will no longer have any membership privileges. You will be held responsible for returning all Stickers and I.D. Cards issued to your Domestic Partner at the time of the request is submitted.

MEMBER SIGNATURE: _____ Date: _____

DOMESTIC PARTNERS NAME: _____

DOMESTIC PARTNERS PHONE NO. : _____

(OFFICE USE ONLY)

Date of Revocation Request Received: _____

Received by: _____

Stickers and I.D. Card returned:

____ Yes

____ No

Comments:

