

Facility Closing

This is to certify that the _____
(Name)

(Address)

(Phone)

Controlled, owned, or operated by _____ and used temporarily by the _____ as a Community Reception Center from _____ to _____, is hereby returned by the _____ to _____ in a satisfactory condition, less the following deficiencies:

Signature of Owner/Operator

Signature of Representative

Printed Name & Title

Printed Name & Title

Date

Date