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Г	٦		
L	For County Use Only:		
		Notice Date:	
	L	Case Number:	
		Worker Name: Worker ID Number:	
		Worker Phone Number:	
		Office Hours:	
		Office Address:	
Cancellation or Change to a M This notice is to tell you that the author	ized represe		
S Ne	ur-Cai case	was cancelled of changed a	
Here is more information about the changes to			's appointment:
Authorized representative reques	sted cancell	ation.	
Applicant or beneficiary requested	ed cancellati	ion	
Applicant or beneficiary asked for	or these cha	nges to the authorized repres	sentative duties:

If you have questions, please call the number listed at the top of this notice.