

# License Cancellation Request

Date: [Insert Date]

To,

[Recipient's Name]

[Recipient's Title]

[Company/Organization Name]

[Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request the cancellation of my license [License Number/Type] issued on [Issue Date]. Due to [reason for cancellation], I have decided to discontinue my use of this license.

Please confirm the cancellation of my license at your earliest convenience. If any further information is required to process my request, do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]