

# Voluntary License Cancellation Submission

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient Name]

[Company/Organization Name]

[Address]

[City, State, Zip Code]

Dear [Recipient Name],

I am writing to formally request the cancellation of my voluntary license, [License Number/Type], effective immediately. Due to [brief reason for cancellation, if applicable], I have decided to discontinue this license.

Please confirm the cancellation of my license in writing and let me know if you require any further information or documentation from my side.

Thank you for your attention to this matter. I appreciate your prompt response.

Sincerely,

[Your Name]