Close of Business

Facility Name: _____ License #: _____

Owner: _____ Phone #: _____

Date of Termination: _____

Owner's Signature: _____

Please print and sign the document and return it to us by mail or email.

Mail:
Animal Welfare Section
Attn: Sandra Parker
1030 Mail Service
Center Raleigh, NC
27699

Email:
agr.aws@ncagr.gov