Department of Recreation and Human Services 57 St. Paul Street Rochester, New York 14604 www.cityofrochester.gov

PERMIT MODIFICATION/CANCELLATION REQUEST

PLEASE SEE APPLICABLE FEES

		1 22/102 02			For Internal Use Only:
	PERMIT#:				FEE:
FA	CILITY/LOCATION:				PAID:
DA	ATE(S) OF EVENT:				BALANCE: ———— RECEIPT#: ———
		MODIFY			MUNIS#:
I WC	OULD LIKE TO:	CANCEL	THIS PERMIT	_THIS PERMIT	BATCH#:
Please indic	cate the reason for	your modif	ication/cancellation (optional):	
	<u>Permit</u>	<u>Modifica</u>	tion/Cancellation	<u>Policy</u>	
Modification advance of t *PERMIT CA Request" For all cancellation	Cancellation Reque the event date for all ANCELLATION: Per form at 400 Dewey Avions or application w	est" Form at 5 changes. All rmittee will be re at least thin ithdrawals. A	mittee will be required to 7 St. Paul Street, at least modifications have a \$1 erequired to fill out a "Porty (30) business days in II cancellations have a	st ten (10) I 0 modific ermit Modi n advance	business days in cation fee. ification/Cancellation of the event date for
All ca (minuAll ca	incellations submitte is the application fee incellations submitte	d thirty (30) be and cancellad	.00 non-refundable ap usiness days in advanc ation fee) no exceptions. nirty (30) business days 10) business days in adv	e will be re will be ref	efunded 100% unded 50%.
in Permittee		y all charges	BE USED. Failure to pro associated with permit. 6 weeks.		
rue to the bes	st of my ability and that	I agree to all th	ation that I provided on the ne terms and conditions a reverse side of this form.		
Signature:		Sworn before m	Sworn before me:		
			This	day of	20
Date:					

Notary Public/Commissioner of Deeds