



<b>OFFICIAL USE ONLY</b>
FA# _____
PR# _____

ENVIRONMENTAL HEALTH SERVICES  
Office of Solid/Medical Waste Management  
1131 Harbor Bay Parkway  
Alameda, CA 94502-6577  
(510) 567-6790  
FAX (510) 337-9234

**BODY ART PRACTITIONER NOTICE OF SEPARATION**

DATE: \_\_\_\_\_

TO: Alameda County Department of Environmental Health

**RE: PRACTITIONER SEPARATION FROM BODY ART FACILITY**

This is to notify Alameda County Department of Environmental Health that the following body art practitioner is no longer working at this facility and is no longer an employee at this location.

\_\_\_\_\_  
Name of Practitioner (Print)

\_\_\_\_\_  
Date of Separation

Sincerely,

\_\_\_\_\_  
Facility Owner/Operator Signature

Facility Owner Name (Print) \_\_\_\_\_

Facility Name \_\_\_\_\_

Facility Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_