Building Department
300 Dunlap Road, Oxford, MI 48371
(248) 628-9787
www.oxfordtownship.org

Permit Cancellation Request

Date: _____

Request to cancel permit #: _____

Project Location: _____

Permit Holder Information:

Name: _____

Address: _____

_____

Phone #: _____

Email Address: _____

Reason for cancellation request: _____

_____

_____

_____ _____

Permit Holder/Property Owner Signature Print Name