



COUNTY OF SAN DIEGO

HEALTH AND HUMAN SERVICES AGENCY
PUBLIC HEALTH LABORATORY
3851 Rosecrans St. Suite 716
San Diego, California 92110-3115
Phone: (619) 692-8500
Fax: (619) 692-8558



Cancellation of the Event OR Change in the Event Notification Form

Use this form to notify Public Health Laboratory of any changes in the event at least 24 hours in advance.

Date:

Name of the person requesting Change:

Date of Submission of Application:

Name of Organization:

Registration Number:

Registration Expiration Date:

Date (if) Permit issued:

Original Date and Time of Event:

Original Location of the event:

The following changes have been made to the events.

The event listed above is cancelled.

Check this box if permit was not received by the operator.

Change in Date (New Date):

Change in Time (New Time):

Change in Location (New Location):

Change in Staff Personnel (List Name of New Staff):

The following staff members have been replaced in the event.

Name of the Staff removed from the event	Name of the staff added for the event	Lic. Exp. Date of the New Staff added for the event