



OFFICIAL USE ONLY

FA# _____

PR# _____

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: _____