Notice of Cancellation for:

OFFICE ADMINISTRATOR

I am aware of the policy to notify membership should my Office Administrator leave my employ and/or become licensed with RECO within 48 business hours

I hereby give notice of cancellation of access for the following Office Administrator:

_____

(please print first and last name)

Name of Broker of Record/Manager they are registered to: _____

mm/dd/yy

Signature of Broker of Record/Manager: _____   Date: _____