



Body Art Notice of Separation

Date: _____

To: Sacramento County Environmental Management Department

RE: PRACTITIONER SEPARATION FROM BODY ART FACILITY

This is to notify the Environmental Health Division that the following body art practitioner is no longer working at my facility and is no longer employed by me.

(Name of Practitioner – please print)

(Date of Separation)

Sincerely,

(Owner/Operator Signature)

(Owner/Operator Name – please print)

(Facility Name)

(Facility Address)

| Official Use Only | |
|-------------------|-------|
| PR #: | _____ |
| FA ID #: | _____ |
| Entered By: | _____ |
| Entered Date: | _____ |

Please send to address below, fax to (916) 875-8513 or email at BurtT@saccounty.gov or emdinfo@saccounty.gov.