

# COVER LETTER

Date: \_\_\_\_\_

Facsimile Number: \_\_\_\_\_

Number of Pages: \_\_\_\_\_, including this page.

Bureau of Customs and Border Protection  
Port Location:

**SUBJECT: TERMINATION –**

**We respectfully request that Port \_\_\_\_\_ process the attached termination request for Importer Number \_\_\_\_\_.** Please return a signed copy, acknowledging termination and the date thereof, to the contact listed below.

Thank you,

## CONTACT INFORMATION

Contact:  
Company:  
Filer Code:  
Telephone:  
Fax:  
Email:

Enclosures