



Incorporated Village of Malverne
99 Church Street
Malverne, New York 11565
(516) 599-1200 Fax (516) 823-0767

CONTRACTOR WITHDRAWAL AFFIDAVIT

STATE OF NEW YORK

COUNTY OF NASSAU

Date: _____

Permit No. _____

_____, being duly sworn deposes and says, that, (I, we) are the present contractor of

record for work under the above permit number located at:

_____, Malverne, NY 11565

And that (I / we) no longer or will not be performing any work under this permit number.

Name of Contractor: _____

Address: _____

Print Name: _____

Signature: _____

Sworn to before me this ____ day
of _____ 20__



Notary Public stamp / seal