

**Georgia Department of Agriculture
Meat Inspection Section
VOUNTARY WITHDRAWAL OF INSPECTION**

| | | | |
|-----------------------|------------------------------|-------------|-----|
| Name of Establishment | Establishment Representative | | |
| Address | City | GA State | ZIP |
| District | Establishment. Number | | |

I hereby request withdrawal of inspection by the Meat Inspection Section of the Georgia Department of Agriculture effective _____ at _____.
(Month, Day Year) (Time)

There will be no slaughter and/or processing operations subsequent to the above effective date.

I understand that the operating license granted to this establishment by the Georgia Department of Agriculture will be terminated simultaneously with the withdrawal of inspection.

| | |
|--|------|
| Signature of Owner or Establishment Representative | Date |
| Signature of Inspector-in-Charge or Supervisor | Date |