www.IN.gov

Cancellation Notice

On behalf of _____ (Company Name), please cancel the following account(s):

☐ *accessIndiana* only

☐ CivicNet only

☐ *accessIndiana*/CivicNet

_____
Contact Name

_____
Title

_____ (or) _____
Account number Username

_____
Instructions (optional)

_____
Signature Date

10 W Market St, Suite 600
Indianapolis, IN 46204-2844
1.888.4IN.eGOV
T. 317.233.2010
F. 317.233.2011