REVOCATION OF POWER OF ATTORNEY

KNOW ALL PERSONS BY THESE PRESENTS:

Reference is made to certain power of attorney grante	ed By:
	(Grantor) of
	(Grantor's Company)
To:	(Attorney-in-Fact)
, Connecticut	, (Attorney–in-Fact address)
And:	
dated the day of,20 Permit /	Certificate #
This document constitutes notice that the Grantor her	eby revokes, rescinds and
terminates said power of attorney and all authority, rig	ghts and power thereto, effective
this the, and any of,	20 I provided a copy of this Revocation to
the person named above.	
Grantor Signature	
Acknowledged:	
STATE OF CONNECTICUT	
SS:	(town)
COUNTY OF	
Subscribed and sworn before me this the day	of, 20
WITNESS my hand and official seal.	
My commission	n expires:

Notary Public/Commissioner of the Superior Court

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