TICKET PROGRAM MANAGER

PO Box 1433

Alexandria, VA 22313

Fax: 703-893-4020

Dear TICKET PROGRAM MANAGER:

I am currently a consumer of the California Department of Rehabilitation. I am requesting for my ticket to be placed in “Inactive status” at this time.

This is my information:

Name

Social Security Number

Date sent:

If you have questions, please contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at (enter phone # and/or email address).

Thank you,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_