PAPERWORK REDUCTION ACT
COLLECTION DISCONTINUATION FORM

Agency/Subagency	**OMB Control Number**
	— — — — — — — — — —

Title of Collection:

Current Expiration Date	**Requested Expiration Date to Discontinue Collection**
month / year	month / year

Reason for Discontinuation:

Signature of Senior Official or Designee:	**Date:**	**For OIRA Use**

OMB FORM 83-D, 10/2004

Reset