



Written:

Wellbeing services county of Central Ostrobothnia Soite

## **Revocation of letter of attorney**

I request the revocation of the letter of attorney in the Soite services immediately in the following services:

### **Information about the person issuing the letter of attorney**

Name:

Social security number:

### **Information about the person being authorized**

Name:

Social security number:

Address (street address, postal code, post office):

Phone:

### **Signature**

Date

Signature and identification of the person issuing the letter of attorney

The form is sent to the address

Wellbeing services county of Central Ostrobothnia Soite,  
The archive, Mariankatu 16 - 20, 67200 Kokkola