



RAILROAD COMMISSION OF TEXAS

Oversight and Safety Division
Alternative Fuels Safety Department

LNG FORM 2999

NOTICE OF INSURANCE CANCELLATION

Please Type or Print

Notice is hereby given to the Railroad Commission of Texas, Alternative Fuels Safety, of the cancellation of a policy of insurance, described as follows:

Insured: _____

Address of Insured: _____
(Street or P.O. Box)

(City) (State) (Zip Code)

Reason for Cancellation: _____

Type of Insurance: _____

Current Policy Number _____ Effective Date _____

Date and Hour of Cancellation: _____

Name of Insurance Company: _____

Address of Insurance Company: _____
(Street or Box)

(City) (State) (Zip Code)

(_____) _____
(Area Code/Telephone Number)

(Printed Name of Representative)

(Signature of Authorized Insurance Company's Representative)*

(_____) _____
(Area Code/Telephone Number)

*NOTE: Restricted to those names authorized by the insurance company.

Return to:
Railroad Commission of Texas
Alternative Fuels Safety
P.O. Box 12967
Austin, Texas 78711-2967
(800) 64-CLEAR

Fax: (512) 828-8790

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