



# STORE REMOVAL FORM

(\*REQUIRED)

**First Name\*:**

**Last Name\*:**

**Email Address\*:**

**Phone Number\*:**

**National Store Number\*:**

**Removal Date:**

**Removal Reason\*:**

- Selling Store     Closing Store

**Signature:**

**Date:**

Please email the completed form to: [mcdonalds@marsh.com](mailto:mcdonalds@marsh.com) or fax it to: 1-866-395-4725.

The information contained in this document is confidential, may be privileged, and is intended for the use of the individual or entity named above. If you are not the intended recipient, please do not read, copy, forward, use, or store this document or any of the information contained herein.