Cancellation of SCIF Co-Utilization or Joint-Utilization

1. To: Host Government CSA:

2. From: Tenant Government CSA:
   Date:

Tenant POC:
Name/Title/Telephone
and Email:

3. Facility Location of CUA/JUA:

4. SCIF ID:

5. Room Numbers:

6. Comments:

Tenant; CUA Coordinator:

   Digital Signature

This form is UNCLASSIFIED until filled in