

NOTICE OF WITHDRAWAL OF APPEAL

Appellant Name _____ Appeal No. _____

Presiding Officer _____ Date _____

TO OFFICE OF ADMINISTRATIVE HEARINGS:

I, _____, residing at
(Appellant/Representative)

(Address)

hereby wish to inform you that I am withdrawing my appeal to the Office of Administrative Hearings which was made on _____ for the following reasons:

(Date)

I am taking this action voluntarily.

(Signature of Applicant)

*****PLEASE RETURN THIS FORM TO:
Office of Administrative Hearings
1020 S Kansas Avenue
Topeka, Kansas 66612-1327**

Office of Administrative Hearings
Department of Administration