**Appellant Name:** Click or tap here to enter text. **Appeal No.:** Click or tap here to enter text.

**Presiding Officer:** Click or tap here to enter text. **Today’s Date:** Click or tap to enter a date.

**To Office of Administrative Hearings:**

I, Click or tap here to enter text., residing at: Click or tap here to enter text., do hereby wish to

**(Full Address)**

**(Appellant/Representative)**

inform you that I am withdrawing my state fair hearing request to the Office of Administrative

Hearings which was made on Click or tap to enter a date. for the following reasons:

**(Date Request was made)**

Click or tap here to enter text.

I am taking this action voluntarily.

Click or tap here to enter text.

**(Signature)**

**PLEASE RETURN THIS FORM TO:**

**Mail: Office of Administrative Hearings**

 **1020 S. Kansas Avenue**

 **Topeka, Kansas**

 **66612-1327**

**FAX: 1 (785) 296-4848 ATTN: Office of Administrative Hearings**

 **(Keep a copy of the page that shows your fax was successful.)**