

**NOTICE OF WITHDRAWAL OF APPEAL**

1-03

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**