WITHDRAWAL REQUEST



Instructions:

This form is to be used by appellants who wish to withdraw their appeal. Please note: when an appeal is withdrawn, the Board loses jurisdiction over the determination at issue and any suspension of the determination will be lifted.

Once withdrawn, an appeal <u>cannot</u> be reinstated. You are strongly encouraged to contact a Board staff member to discuss the ramifications of withdrawing your appeal prior to submitting this form.

To file a Withdrawal Request, please fill out this form and deliver it to the Board of Appeals in one of the following ways:

Email to: boardofappeals@sfgov.org

Fax to: 415-575-6885

Hardcopy to: 1650 Mission Street, Suite 304, San Francisco, CA 94103

The Board will send written confirmation to all parties that the matter has been withdrawn.		
Appeal No:		
Address of Subject Property:		
Hearing Date:	-	
Name of Appellant(s):		
Phone:	Fax:	
Email:		
Please sign below to confirm the following state	tement:	
I/We here	eby withdraw this appeal.	
The reasons for this action are [optional]:		
	Signature of Appellant or Agent	Date
	Signature of Appellant or Agent	Date