

## VOLUNTARY WITHDRAWAL

Instructions: If you wish to withdraw your Request for Hearing, please complete and sign this form and return it to the Division of Hearings and Appeals, P.O. Box 7875, Madison, WI 53707-7875.

I am no longer interested in a review hearing regarding \_\_\_\_\_  
\_\_\_\_\_.

Therefore, I hereby withdraw my request dated \_\_\_\_\_  
submitted to the Division of Hearings and Appeals.

Case No. \_\_\_\_\_

Signature: \_\_\_\_\_

County: \_\_\_\_\_

Date: \_\_\_\_\_