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. Date: Click or tap to enter a date.

**To Office of Administrative Hearings:**

I, Click or tap here to enter text.,

(Appellant/Representative)

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

(Address)

Click or tap here to enter text.

I am taking this action voluntarily.

(Signature)

**\*PLEASE RETURN THIS FORM TO:**

**Mail:** Office of Administrative Hearings

1020 S. Kansas Ave.

Topeka, Kansas 66612

**Fax:** 1-785-296-4848, Attention: Office of Administrative Hearings

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