

BEFORE THE CHAMPAIGN COUNTY PUBLIC AID APPEALS COMMITTEE

IN RE THE MATTER OF THE)
APPEAL OF)
)
) NO.
)

REQUEST TO WITHDRAW APPEAL

I, _____, the Appellant in the aforementioned appeal, hereby request the withdrawal of my appeal to the Champaign County Public Aid Appeals Committee which was filed on _____, 20____. I understand that no appeal hearing will be held and that the Champaign County Public Aid Appeals Committee will not enter any decision in my appeal other than to allow its withdrawal. I am withdrawing my appeal freely and voluntarily, and I understand the contents and meaning of this Request to withdrawal Appeal.

Dated this _____ day of _____, 20____.

Signature

Witness:

Signature

(Please print the following)

Name of Witness: _____

Address: _____