



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 **Please note: when an appeal is withdrawn, the Board loses jurisdiction over the determination at issue and any suspension of the determination will be lifted.**

Once withdrawn, an appeal cannot be reinstated.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

Please Mail Original Copy to: 49 South Van Ness, Suite 1475, 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The Board will send written confirmation to all parties that the matter has been withdrawn.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 statement:

I/We hereby withdraw this appeal.

The reasons for this action are [optional]:

Signature of Appellant or Agent

Date

Signature of Appellant or Agent

Date