



# WITHDRAWAL REQUEST

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**Instructions:**

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 **Please note: when an appeal is withdrawn, the Board loses jurisdiction over the determination at issue and any suspension of the determination will be lifted.**

**Once withdrawn, an appeal cannot be reinstated for any reason. 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 email it to the Board of Appeals.

Email to: [boardofappeals@sfgov.org](mailto:boardofappeals@sfgov.org)

The Board will send written confirmation to all parties that the matter has been withdrawn.

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Appeal No.: \_\_\_\_\_

Rehearing or Jurisdiction Request No.: \_\_\_\_\_

Address of Subject Property: \_\_\_\_\_

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

Name of Appellant(s)/Requestor: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

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Please sign below to confirm the following statement:

I/We hereby withdraw this appeal.

The reasons for this action are [optional]:

\_\_\_\_\_  
Signature of Appellant/Requestor or Agent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Appellant or Agent

\_\_\_\_\_  
Date