

# REQUEST TO WITHDRAW A FAIR HEARING

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**THIS FORM MUST BE COMPLETED BY THE APPELLANT OR AUTHORIZED REPRESENTATIVE ONLY.  
CORRECT AND COMPLETE INFORMATION WILL PERMIT US TO PROMPTLY PROCESS YOUR REQUEST.**

*Please print information clearly.*

**TODAY'S DATE:** \_\_\_\_\_

**FAIR HEARING NUMBER:** \_\_\_\_\_ **CASE #:** \_\_\_\_\_

**HEARING DATE:** \_\_\_\_\_ **HEARING TIME:** \_\_\_\_\_

**UPSTATE COUNTY:** \_\_\_\_\_ **or NYC AGENCY:** \_\_\_\_\_

**APPELLANT INFORMATION:**

CASE NAME \_\_\_\_\_

(LAST)

(FIRST)

(MI)

LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ APT. #: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE: (     ) \_\_\_\_\_ FAX NUMBER: (     ) \_\_\_\_\_

**REPRESENTATIVE INFORMATION:**

NAME: \_\_\_\_\_

RELATIONSHIP TO APPELLANT: \_\_\_\_\_

REPRESENTATIVE ORGANIZATION: (IF APPLICABLE) \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ SUITE/FLOOR/APT. # \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE: (     ) \_\_\_\_\_ EXTENSION: \_\_\_\_\_

**WHAT IS THE REASON YOU WISH TO WITHDRAW YOUR FAIR HEARING REQUEST?  
(EXAMPLES: THE ISSUE WAS RESOLVED; YOU NO LONGER WISH TO PURSUE THE ISSUE, ETC.)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_