



# WITHDRAWAL REQUEST

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Instructions:

1. Once you have filled out this form, please **deliver the original** by hand or mail to:  
Board of Appeals  
1650 Mission Street, Suite 304  
San Francisco, CA 94103
2. If you would like to expedite this process, **in addition to submitting an original**, you may also fax a copy to 415-575-6885, or email it to [victor.pacheco@sfgov.org](mailto:victor.pacheco@sfgov.org).
3. The Board will send written confirmation to all parties that the matter has been withdrawn.

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

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

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

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

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 or Agent

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date