



Columbiana County Department of Job & Family Services
110 North Nelson Avenue, Lisbon, Ohio 44432
330-424-1471 *** Facsimile 330-424-0925

WITHDRAWAL OF STATE HEARING REQUEST

DATE

This is to acknowledge that I, _____, am voluntarily withdrawing my state hearing request(s).

Case # _____ Appeal # _____
Program(s) _____ Request Date(s) _____

Comments:

Appellant's Signature/Date	Agency Representative's Signature/Date

Distribution: Original to Hearing Record, Copy to Appellant, Copy to Agency
