Withdrawal of CCL Appeal Form

Only the appellant(s) or their counsel can withdraw the appeal. Once you have made the decision to withdraw your appeal, please confirm this decision by completing this form, signing and dating it. Please ensure that you provide a copy to the other party as well as to the Appeals Secretariat.

(Appellant First and Last Name)	
(Appellant Mailing Address)	(Town or City)
(Province)	(Postal Code)
(Home Phone #)	(Work Phone #)
(Cell Phone #)	(Fax Number)
Have you notified the other parties of your request to withdraw?	Yes _____ No _____
If you no longer want to continue (are withdrawing the appeal) please tell us why:	
_____ (Signature)	(Date)

Please return a copy of this form to:

Community and Social Services
Appeals Secretariat
201 Agronomy Centre
6903 – 116 Street
Edmonton AB T6H 5Z2
Fax: 780-422-1088