

Withdrawal of CYFE Appeal Form

Only the appellant(s) or their legal representative 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.

(Full Name of Appellant(s))		
(Mailing Address(es) of Appellant(s))		(Town or City)
(Province)		(Postal Code)
(Home Phone #)	(Work Phone #)	(Email)
I am withdrawing my appeal under the <i>Child, Youth and Family Enhancement Act</i>. My appeal file number is File No. _____.		
Reasons for Withdrawal (optional)		
_____ Signature(s) of Appellant(s) or Legal Representative(s)		
		Date

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