

GENERAL ASSISTANCE WITHDRAWAL OF APPEAL FORM

You may agree to withdraw your appeal request at any time. If you agree to a review decision made by a General Assistance supervisor regarding a previously denied application, this form should be filled out and presented directly to the Lancaster County General Assistance office.

Name of Applicant _____

Address _____

Social Security No. _____ Date _____

GA Staff Receiving Form _____ Date _____

If a satisfactory settlement is reached, the applicant shall withdraw the appeal in writing within fifteen (15) calendar days of receipt of the response from the General Assistance Supervisor. GA 1:301 #2

REQUEST FOR ACTION

I wish to withdraw my appeal request.

The following is an explanation regarding the withdrawal of my appeal request:

Signature

Date