

Iowa Department of Inspections and Appeals
Administrative Hearings Division
Wallace State Office Building, Third Floor
Des Moines, Iowa 50319

_____,)
Appellant) Case No. _____
)
v.)
)
_____,)
Respondent.)
)
)

WITHDRAWAL OF APPEAL

1. A hearing is scheduled in this case on _____ at _____ before Administrative Law Judge _____.
2. I am withdrawing my appeal. I understand that I am giving up my right to a hearing in this contested case proceeding under chapter 17A of the Iowa Code.

Submitted by:

(Signature)

(Name)

(Street Address)

(City, State, Zip Code)

(Phone, Email)

Copies sent to: _____
(Copies must be provided to all other parties, including the agency, and those provided copies shall be noted above)