

# APPENDIX I



## City of Manchester N.H. Welfare Department

1528 Elm Street, Manchester, NH 03110-1510

Phone: 603-624-6484 Fax: 603-624-6423

Email: [welfare@manchesternh.gov](mailto:welfare@manchesternh.gov)

### Fair Hearing Request Withdrawal

Date: \_\_\_\_\_

Caseworker: \_\_\_\_\_

Client/Claimant Name: \_\_\_\_\_

Client/Claimant Address: \_\_\_\_\_

\_\_\_\_\_

Client/Claimant Contact Phone Number: (\_\_\_\_\_) \_\_\_\_\_

I hereby withdraw my request for a Fair Hearing to appeal the adverse action on the Notice of Decision issued to me dated \_\_\_\_\_ regarding my application for general assistance.

\_\_\_\_\_  
Client/Claimant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client/Claimant's Authorized Representative Signature

\_\_\_\_\_  
Date