

APPEAL WITHDRAWAL FORM

Date: _____

Lisa Hudson
Director of Personnel
Department of City Civil Service
1340 Poydras Street, Suite 900
New Orleans, LA 70112

Dear Ms. Hudson:

I, _____ wish to withdraw my appeal,
Docket # _____, against the Department of _____.

SIGNATURE: _____

ADDRESS: _____

CITY & STATE: _____

ADDITIONAL COMMENTS:

