



RIVERSIDE COUNTY PLANNING DEPARTMENT

REQUEST FOR APPLICATION WITHDRAWAL

PROJECT/PLAN INFORMATION:

Project/Plan Number(s):	
Set I.D. No. (if any):	Applicable to All Concurrent Plans: <input type="checkbox"/> Yes/ <input type="checkbox"/> No

APPLICANT INFORMATION:

Applicant/Billing Contact:		
Contact Person:	<i>First Name</i>	<i>Middle Name</i>
E-mail Address:	<i>Last Name</i>	
Mailing Address:	<i>Street Number</i>	<i>Street Name</i>
	<i>City</i>	<i>Unit or Suite</i>
	<i>State</i>	<i>Zip Code</i>
Daytime Phone No.:	Mobile Phone No.:	

REASON FOR APPLICATION WITHDRAWAL:

Request Date:	Reason:
Applicant/Representative Name:	
E-mail Address:	Phone No.:
Applicant/Representative Signature:	Date:

NOTE: Only the applicant of record, as shown in the County Public Land Use System (PLUS), or the verified authorized representative can request withdrawal of Project/Plan application(s). Applicant is financially responsible for any fees or refunds for the above noted project/plan(s).

FOR OFFICE USE ONLY

Request verified by:	Date:
Date Processed:	Comments: