



**State of New Hampshire**  
**Public Employee Labor Relations**

**WITHDRAWAL FORM**

Please enter my withdrawal as counsel/representative for \_\_\_\_\_  
in Case No. \_\_\_\_\_, \_\_\_\_\_  
(case name)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Telephone: \_\_\_\_\_

\_\_\_\_\_  
(Date) (Signature)

**Certificate of Service**

I hereby certify that a copy of my withdrawal was provided by electronic mail or by  
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To: \_\_\_\_\_  
(Counsel or other party representative.)

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Date Signature