



## NEW MEXICO ADMINISTRATIVE HEARINGS OFFICE

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TO: Scheduling Unit, Administrative Hearings Office

[Scheduling.Unit@state.nm.us](mailto:Scheduling.Unit@state.nm.us)

DATE: \_\_\_\_\_

FROM: \_\_\_\_\_

### **Hearing Information**

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

Type of Hearing: \_\_\_\_\_

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

### **WITHDRAWAL OF HEARING REQUEST**

I hereby withdraw my request for a hearing in the above listed matter. I understand that by withdrawing this request for hearing, no hearing will be held and that the Motor Vehicle Division's adverse administrative action against me in the above listed matter will be affirmed.

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

Mailing Address:

Telephone/Fax Number:

Email Address: