



NEW MEXICO ADMINISTRATIVE HEARINGS OFFICE

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TO: Scheduling Unit, Administrative Hearings Office
Scheduling.Unit@aho.nm.gov

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.

Signature
Printed Name:
Mailing Address:

Telephone:
Email Address: