

To: Public Employment Relations Board  
Sacramento Regional Office  
1031 18th Street  
Sacramento, CA 95811-4124  
PERBe-file.SRO@perb.ca.gov

Re: Case Name: \_\_\_\_\_  
Unfair Practice Charge No.: \_\_\_\_\_

**REQUEST FOR WITHDRAWAL OF UNFAIR PRACTICE  
CHARGE**

I hereby withdraw the above-captioned unfair practice charge without prejudice.

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

\_\_\_\_\_ By \_\_\_\_\_  
Authorized Attorney or Signature  
Representative for Charging Party

**PROOF OF SERVICE**

I declare that I am a resident of or employed in the County of \_\_\_\_\_,  
State of \_\_\_\_\_. I am over the age of 18 years. The name and address of my  
residence or business is \_\_\_\_\_

On \_\_\_\_\_, I served the \_\_\_\_\_  
(Date) (Description of document(s))

\_\_\_\_\_  
(Description of document(s) continued)

on the parties listed below (include name, address and, where applicable, fax number) by  
(check the applicable method or methods):

\_\_\_ placing a true copy thereof enclosed in a sealed envelope for collection and  
delivery by the United States Postal Service or private delivery service following ordinary  
business practices with postage or other costs prepaid;

\_\_\_ personal delivery;

\_\_\_ facsimile transmission in accordance with the requirements of PERB Regulations  
32090 and 32135(d);

\_\_\_ electronic service (e-mail).

**(Include here the name, address and, where applicable, fax number of the Respondent and any  
other parties served.)**

I declare under penalty of perjury that the foregoing is true and correct and that this  
declaration was executed on \_\_\_\_\_, at \_\_\_\_\_.  
(Date) (City) (State)

\_\_\_\_\_  
(Type or print name)

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