

BEFORE THE BOARD OF INDUSTRIAL INSURANCE APPEALS  
STATE OF WASHINGTON

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IN RE: \_\_\_\_\_ )  
  )  
CLAIM NO. \_\_\_\_\_ )  
  )

DOCKET NO. \_\_\_\_\_  
  
REQUEST FOR DISMISSAL OF APPEAL

I, \_\_\_\_\_, request that my appeal filed on  
  (Name)

\_\_\_\_\_, be dismissed. I understand that dismissing my appeal means:

- (1) The Department of Labor and Industries' decision that I appealed will not change.
- (2) I cannot file a further appeal on this Department decision.

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

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