**BEFORE THE  
ADMINISTRATIVE HEARING COMMISSION  
STATE OF MISSOURI**

ENTER NAME)  
 )Petitioner, )  
 ) Case No. ENTER CASE NUMBER  
 v. )  
 )  
ENTER STATE AGENCY )  
 )  
 Respondent. )

**NOTICE OF VOLUNTARY DISMISSAL**

Petitioner voluntarily dismisses this matter before the Administrative Hearing Commission.

Respectfully submitted,

ENTER NAME

ENTER ADDRESS

ENTER PHONE NUMBER

ENTER EMAIL

**CERTIFICATE OF SERVICE**

I certify that I provided a copy of this Notice of Dismissal to opposing party by:

Mail

E-mail

Fax

Other ENTER OTHER METHOD

ENTER NAME