



**CITY OF ATTLEBORO, MASSACHUSETTS**

**Zoning Board of Appeals**

Government Center, 77 Park Street

Attleboro, Massachusetts 02703

(508) 223-2222 Fax 222-3046

**FORM Z3 – APPLICATION  
Request To Withdraw Petition**

Name of Applicant Filing Form Z3: \_\_\_\_\_

Address & Telephone Number: \_\_\_\_\_

Type of Zoning Board Application: \_\_\_\_\_

Describe Said Application: \_\_\_\_\_

Petitioner Of Said Application: \_\_\_\_\_

**I hereby request to withdraw the above-referenced petition without prejudice.**

Signature: \_\_\_\_\_

Date Form Z3 Filed: \_\_\_\_\_

(do not write below this line)

**Certificate of Vote**

This is to certify that at the Zoning Board meeting of \_\_\_\_\_, a majority vote passed  
**GRANTING** the request to withdraw the petition.

This is to certify that at the Zoning Board meeting of \_\_\_\_\_, a majority vote passed  
**DENYING** the request to withdraw the petition.

\_\_\_\_\_  
**Lauren Stamatis, Clerk  
Zoning Board**