



THE APPEAL COMMISSION

The Victims' Bill of Rights

**NOTICE OF  
CANCELLATION**

Name: \_\_\_\_\_ Claim Number: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone (home): \_\_\_\_\_ (cell) \_\_\_\_\_ Email: \_\_\_\_\_

I cancel my appeal with The Appeal Commission of Manitoba. I understand this means the Appeal Commission will not make a decision on my appeal and the CVC decision I appealed will remain in effect.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Full Name

**Appeal may be cancelled**

A party may cancel an appeal at any time until a decision is provided.

**Filing the Notice**

A party who cancels an appeal must file a copy of the notice with the Appeal Commission.