

## **Request to Withdraw an Application Relating to the Appointment of a Substitute Decision Maker**

Applicant(s) Name(s): \_\_\_\_\_

Application Concerning (individual's name):  
\_\_\_\_\_

I wish to withdraw the application made to the Office of the Vulnerable Persons' Commissioner requesting the appointment of a substitute decision maker in the area(s) of:

☐ Personal Care

☐ Property

Reason for the Request: (Please explain why you wish to withdraw the application.)

Applicant(s) Signature(s): \_\_\_\_\_

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

**Please send completed request to:  
Office of the Vulnerable Persons' Commissioner  
305-114 Garry Street, Winnipeg, Mb R3C 4V7  
Request can be faxed (with original to follow) to fax number: 204-948-3713**