Claim Withdrawal Declaration

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Recipient's Name]

[Recipient's Title]

[Company/Organization Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally withdraw my claim related to [brief description of the claim, e.g., "Case Number XYZ123"]. I have decided to withdraw this claim as of [withdrawal date].

Thank you for your understanding and cooperation in this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]