CITY OF COVINA www.covinaca.gov

125 East College Street Covina, CA 91723-2199 (626) 384-5450

planningdivision@covinaca.gov

Planning Application Withdrawal Request Form

Date: _____

To: City of Covina Planning Staff

I would like to withdraw my application for the following planning entitlements at this time:

Thank you.

Signed: _____ Date: _____

Applicant's Name: _____

Address: _____

Phone: _____

Please note that once this application is submitted to the City of Covina, your information may be subject to public records request. The City will not sell your data or information for any purposes