



MIKE DEWINE

★ OHIO ATTORNEY GENERAL ★

Antitrust Review Program

Withdrawal Form

*(Use this form to withdraw from the program only if you have previously submitted a Registration Form. If you have **not** previously registered for the program and do not wish to participate in it, you do not need to complete this form.)*

I would like to withdraw the undersigned public entity from participation in the Ohio Attorney General's Office Antitrust Review Program. I understand that participation in this program is voluntary for my agency/organization.

*Name of Ohio public entity:

*Registration Number:

*Name & Title of Contact Person:

*Phone & Email of Contact Person:

Name & Title of Person Completing Form (if different):

Phone & Email of Person Completing Form:

You may also print this form and mail it to:

**Antitrust Review Program, Ohio Attorney General's Office
150 East Gay Street, 23rd Floor
Columbus, OH 43215**

Or you may fax it to **(866) 473-4883**