

[place]..... on [date].....

.....  
(first and last name of the party)

.....  
(citizenship)

.....  
(series and number of identity document)

Case No.: .....

.....  
.....  
(name of authority)

Note! Before submitting your statement please read the instruction on the next page.

**STATEMENT WAIVING THE RIGHT TO FILE AN APPEAL  
AGAINST AN ADMINISTRATIVE DECISION**

In accordance with Article 127a § 1 of the Act of 14 June 1960 – The Code of Administrative Procedure, after I have been served on [date] ..... with the Decision issued by .....  
(name of authority)

No. .... of [date].....  
in Case No. ....

I hereby waive my right to file an appeal against that decision.

At the same time, I declare that before submitting this statement I was given the possibility to read the following instruction.

**INSTRUCTION**

- A statement waiving the right to file an appeal against the decision shall be submitted by the party to the authority which issued the decision.
- A statement waiving the right to file an appeal against the decision may be submitted only after the time limit prescribed for filing an appeal has started to run. It is not permitted to submit a statement waiving the right to file an appeal against the decision before the time limit referred to above has started to run.
- Upon the day of submitting the statement waiving the right to file an appeal to the administrative authority, the decision becomes final and binding, which means that any right of appeal, including to the Voivodship Administrative Court, shall be precluded.

.....  
(date and legible signature of the party)

\* delete as appropriate