

Social Equity Withdrawal Form

Participant Information

Please provide the following information regarding the individual seeking to withdraw their existing social equity record.

Full Name:

First

M.I.

Last

Suffix

Record Number:

Reason for Withdrawal:

You may upload this form to your social equity record at:

www.michigan.gov/CRAonline

OR

Email this withdrawal to:

CRA-SocialEquity@michigan.gov

If you have any questions regarding the social equity withdrawal process, please contact us by phone at **(517) 284-8599** or email at CRA-SocialEquity@michigan.gov.