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Please type or print your full legal name

for the Office of _____

Please type or print name of office

_____, hereby withdraw as a candidate

Signature of Candidate

Date

Form must be notarized if it is not completed in the office.

For Office Use Only

Notary Information
Subscribed and sworn to before me on the following date:

Date Received _____

Received by_____

Notary Public Signature

Date