



CITY OFFICE WITHDRAWAL OF CANDIDACY

WITHDRAWAL OF DECLARATION OF CANDIDACY

I, _____, hereby withdraw my Declaration of Candidacy for the office of _____, of the City of _____, and authorize the County Clerk to remove my name from the ballot in the manner provided by law.

REASON FOR WITHDRAWAL

Candidate Signature: _____

Dated: _____

Subscribed and sworn to before me this _____ day of _____, _____.

Signature: _____

Notary Public in and for the State of Idaho, residing at

My Commission Expires: _____

NOTARY
SEAL
HERE

WITHDRAWAL OF DECLARATION OF INTENT

I, _____, hereby withdraw my Declaration of Intent for the office of _____, of the City of _____, and state that I am no longer a candidate for such office.

REASON FOR WITHDRAWAL

Candidate Signature: _____

Dated: _____

Subscribed and sworn to before me this _____ day of _____, _____.

Signature: _____

Notary Public in and for the State of Idaho, residing at

My Commission Expires: _____

NOTARY
SEAL
HERE

OFFICIAL USE ONLY

CITY CLERK

A copy of this form must be transmitted to the County Clerk as soon as possible after it is filed.

COUNTY CLERK

Upon receipt of this Withdrawal of Candidacy, stamp the date and time of receipt on the front of this document.