

Statement of Withdrawal by Candidate

Office Use Only:

Complete and sign. Please type or print legibly.

Candidate Information

Name of Candidate _____

Office Information

Designated/nominated by: Assembly delegates Petition Vacancy Committee Write-in

Office Title _____ Party Affiliation _____

Residence & Mailing Address

Residence Street Address _____ Apt/Unit _____

City _____ State CO Zip Code _____

Mailing Address _____ Apt/Unit _____

City _____ State _____ Zip Code _____

Telephone & E-mail Address

Business Phone # _____ Extension _____

Residence Phone # _____ E-mail Address _____

Signature

Applicant's Affirmation

I affirm that I hereby withdraw my candidacy for the office listed above. I acknowledge that it is my responsibility to report this withdrawal to the person designated in Section 1-4-1002, C.R.S., to fill this vacancy. Furthermore, the information provided on this form is, to the best of my knowledge, true and correct.

[seal]

Signature of Candidate

Date of Signing

STATE OF COLORADO)
) ss.
COUNTY OF _____)

Subscribed and sworn to before me this _____ day of _____, 20____ by _____
Day Month Year Printed name of Candidate Above

Signature (and Title) of Notary / Official Administering Oath _____

My Commission Expires: _____