

Statement of Withdrawal by Candidate

Office Use Only:

Complete, sign, and return this form to the Colorado Secretary of State. 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 Zip Code

Mailing Street 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 persons 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

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: _____



Colorado Secretary of State
1700 Broadway, Suite 200
Denver, Colorado 80290
Phone: (303) 894-2200
Fax: (303) 869-4861
Email: ballot.access@sos.state.co.us

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