

WITHDRAWAL OF CANDIDACY

IMPORTANT INFORMATION

Candidate withdrawal deadlines vary by type of election and office sought. Please consult Idaho Code, or contact the Secretary of State's Office or your County Clerk for specifics.

Once filed, a declaration of candidacy may not be altered. If the candidate decides during the filing period to change the declaration of candidacy, the candidate must first withdraw and then re-file.

Note: Filing fees are nonrefundable

OFFICE INFORMATION			
Jurisdiction and Office Name			Position Number (if applicable)
PERSONAL INFORMATION			
First Name	Middle	Last Name	
REASON FOR WITHDRAWAL			
CERTIFICATION			
OLKIII IOATION			
I withdraw my candidacy for the office listed above and understand that the filing fee is nonrefundable.			
Signature		Date:	
Oignature		Date.	
Subscribed and sworn to before me this da	ay of		
Signature:			
Notary Public in and for the State of Idaho, residing at			
,	,		
My Commission Expires:			