CANDIDATE WITHDRAWAL FORM

State of Minnesota)
)
County of Ramsey)

I, _____, candidate for the office

of _____, hereby request that my name be

withdrawn from the ballot for the _____.
(type of election)

I understand that in accordance to *Minnesota Statutes 204B.11*, the filing fee is non-refundable.

_____ _____
Candidate Signature Date

Subscribed and sworn before me this _____ day of _____.

_____
Notary public or other officer empowered to take and certify acknowledgments.

(Notary stamp)