

Date: _____

I, _____ have filed as a candidate for the office of _____

I wish to withdraw my name as a candidate for this office

Signature of Candidate

Address

City

State

Zip

Sworn to and subscribed before me this ___ day of _____ 20__

Signature of Officer Administering the Oath or Notary Public

Print, Type or Stamp Commissioned Name of Notary Public

Personally Known or Produced Identification

Type of Identification Produced

Candidate Withdrawal Policy

The deadline for any candidate to withdraw is the end of qualifying. No qualifying fee shall be returned to the candidate unless the candidate withdraws his or her candidacy before the end of their qualifying period.

(Reference: Florida Statutes 99.092)