Withdrawal Notice

CLEAR FORM

I, _____ , wish to withdraw my name as
(Candidate name)

candidate for the office of _____
(Office name)

in the district/circuit/ward of _____, for the election to be held on _____.
(Number) (Election date)

Signature of candidate	DATE (MM/DD/YYY)
Residential address of candidate	

City	State	ZIP

Subscribed and sworn to me this _____ day of _____, 20 _____.

Notary signature	Notary name
County of commission	Acting in the county of
My commission expires DATE (MM/DD/YYYY)	Committee ID

This form must be submitted to your filing official. If your filing official is the Secretary of State, submit this form to the Michigan Bureau of Elections at MDOS-File-Canvass@Michigan.gov or in either of the following ways:

In person:
Michigan Bureau of Elections
Attn: Filing and Canvassing Section
430 W. Allegan St.
Lansing, MI 48933

By mail:
Michigan Bureau of Elections
P.O. Box 20126
Lansing, MI 48901-0726