

# 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  
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Email: [ballot.access@coloradosos.gov](mailto:ballot.access@coloradosos.gov)

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Section 1-4-1001, C.R.S.