

FORM 19

[Subsection 47(1)]

CANDIDATE WITHDRAWAL

I, _____ a candidate nominated for the office of _____
(name of candidate) (office)

for _____, wish to withdraw my nomination.
(name of local authority)

Important note: A candidate may withdraw up until 24 hours after the close of nominations. The deadline for withdrawal is _____.
(date)

(Signature of Witness)

(Signature of candidate)