

WITHDRAWAL OF NOMINATION

TO BE FILED WITH THE CITY OR TOWN CLERK WITHIN FORTY-EIGHT (48) WEEKDAY HOURS
SUCCEEDING FIVE O'CLOCK IN THE AFTERNOON OF THE LAST DAY FIXED FOR FILING NOMINATION
PAPERS FOR SUCH OFFICE.

The Commonwealth of Massachusetts

(City or Town)

(Date)

The undersigned, _____, having
(Printed Name of Candidate)
been nominated as a candidate for the office of _____
(Name of Office)
in the City or Town of _____, hereby requests
(Name of City or Town)
that his or her name be withdrawn from such nomination.

(Signature)

(Residential Street Address)

(City or Town)

(City or Town)

(Date)

Personally appeared before me the above named _____,
(Printed Name of Candidate)
and acknowledged the foregoing request by him or her signed to be his free act
and deed.

Before me,

(Signature of Notary Public)

My Commission expires on: _____