



City of Annapolis
Office of the City Clerk
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Deaf, hard of hearing or speech disability - use MD Relay or 711

Certificate of Withdrawal

To the Board of Supervisors of Election of the City of Annapolis

I, _____, having filed my certificate of candidacy for nomination for the office of _____ desire to withdraw said certificate and ask that said certificate be considered void and that my name not be printed on the ballot or certified.

Signature of candidate withdrawing

Date of withdrawal

Sworn and Subscribed before me, in my presence, this _____ day of _____, _____, before me, the subscriber, a notary public of the State of Maryland, in and for the county of Anne Arundel, (Section 4.20.030A).

Signature of Notary Public

My Commission expires

Original to Election Board; copy for the former candidate.