	Withdrawal of Declaration	of Candidacy
I,	, hereby withdraw my Declara	ation of Candidacy for the office of
	, of the City of	, and authorize the County Clerk to remove
my name from the ba	llot in the manner provided by law.	
Candidate Signature	Date	
	Subscribed and sworn to before me this	day of,,
		Signed:
		Notary Public in and for the State of Idaho
		Residing At:
		My Commission Expires:
		(Notary Seal)
	Withdrawal of Declaration	on of Intent
I,	, hereby withdraw my Declarati	on of Intent for the office of
	, of the City of	, and state that I am no longer a candidate for
such office.		
Candidate Signature	Date	
	Subscribed and sworn to before me this	day of,,
		Signed:
		Notary Public in and for the State of Idaho
		Residing At:
		My Commission Expires:
		(Notary Seal)
	CITY CLERK	

A copy of this form must be transmitted to the County Clerk as soon as possible after it is filed.

COUNTY CLERK

Upon receipt of this Declaration of Intent, stamp the date and time of receipt on the front of this document.