



McLeod County Auditor-Treasurer

Cindy Schultz

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AFFIDAVIT OF WITHDRAWAL FOR CITY OFFICE

Date: _____

I, _____, hereby request that the city
of _____ withdraw my name as a candidate from
the ballot for the office of _____, pursuant to
Minn. Stat. §205.13, Subd. 6. I understand that in accordance to Minnesota Statutes
204B.11, the filing fee is non-refundable.

Candidate Name _____

Street Address _____

City, State and Zip _____

Phone Number _____

Signature _____

Subscribed and sworn before me this _____ day of _____ 2010.

Notary public or other officer empowered to take and certify acknowledgments.

My commission in _____ County, State of Minnesota expires on _____.