



STATE OF ARIZONA

AFFIDAVIT OF SIGNATURE WITHDRAWAL FROM CANDIDATE PETITION A.R.S. § 19-113

FOR OFFICE USE ONLY

I, _____, being first duly sworn, say that I am a qualified elector of (given name and surname)

the State of Arizona and county of _____, and provide the (county of residence)

following information for the purpose of withdrawing my signature:

Voter's Residence Address: _____

Voter's Mailing Address: _____

Voter's Email Address: _____

Name of Candidate: _____

Office Sought: _____

Approximate Date of Signing: _____

County Where Petition was Circulated: _____

It is my intention by the signing and filing of this affidavit to withdraw my signature from the candidate's petition.

Signature of Affiant

State of Arizona)
County of) ss:

SUBSCRIBED AND SWORN to (or affirmed) before me this ____ day of _____, 20____.

(Seal) _____
Notary Public

My Commission Expires: _____