

MIAMI BEACH

OATH OF WITHDRAWAL

STATE OF FLORIDA

COUNTY OF MIAMI-DADE

I, _____, have filed as a candidate for the office of _____
_____. I wish to withdraw my name as a candidate for this office.

Signature of Candidate

Date

Address

City

State

Zip Code

Sworn to (or affirmed) and subscribed before me by means of ____ physical presence or ____ online
notarization this ____ day of _____, 20__, by _____

Signature of Notary Public-State of Florida

(NOTARY SEAL)

Name of Notary Typed, Printed or Stamped

Personally Known _____ OR Produced Identification _____

Type of Identification Produced _____

Candidate Withdrawal Policy

The deadline for any candidate to withdraw is the end of qualifying. No qualifying fee shall be returned to the candidate unless the candidate withdraws his or her candidacy before the end of their qualifying period.

(Reference: Florida Statutes 99.092)