



## Who should complete this form?

Use this form if you wish to withdraw your consent for nomination as a member of a council.

You must hand the completed form to the returning officer *before* 12:00 noon on the day nominations close.

*This form is fillable. Tab through to complete. Print form to sign.*

**1**

## Candidate to complete

### To the returning officer:

|                         |                         |                                   |                      |
|-------------------------|-------------------------|-----------------------------------|----------------------|
| Given name/s            | Surname/Family name     |                                   |                      |
| I, <input type="text"/> | <input type="text"/> of |                                   |                      |
| Residential address     | Suburb                  | State                             | Postcode             |
| <input type="text"/>    | <input type="text"/>    | <input type="text"/>              | <input type="text"/> |
| Date of birth           | Gender (please tick ✓)  |                                   | Occupation           |
| <input type="text"/>    | Female                  | Male    Non-binary    Unspecified | <input type="text"/> |

Postal address

### hereby withdraw my consent to be nominated and act as a member of:

|                          |                      |
|--------------------------|----------------------|
| Local government council | Ward (if applicable) |
| <input type="text"/>     | <input type="text"/> |

Position:      Mayor/President      and/or      Ordinary council member      *(please tick ✓)*

For the election to be held on  *(insert date of election)*

Signature of candidate

Date