



## 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.*

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## 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	<input type="text"/>	
Postal address			
<input type="text"/>			

### 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