

## **Charleston County Board of Voter Registration and Elections**

Review the South Carolina State Election Commission's **Policy on Candidate Withdrawals** prior to completing this form.

Please note: We must receive your withdrawal statement by 5:00 PM on the 53rd day before the election in order to remove your name from the ballot. Candidates who withdraw after the deadline will still appear on the ballot and voters will be notified at the polling location.

Election Information	1 Ele	le of Office ction Date (MM/DD/YYYY) ction ect One: General	)		
Candidate Information	<b>2</b> Na	me			
Candidate		I hereby affirm that I am withdrawing my candidacy for the above named office.			
Affirmation		X Candidate Signature		Date (MM/DD/YYYY)	
ou can submit you	r form via er	nail, in person at our office	e, or via mail.		
Email		In Person	Mail		
bevr@charlestoncounty.org		4340 Corporate Road PO Box 7 North Charleston, SC 29405 North Ch			

For Office Use Only	
Receiving Official	Date Received