

Withdrawal of candidate application

Local Government Countback election

Council			
Ward (if applicable)*		Countback election date	DD / MM / YYYY
#	Vacating councillor name(s)		
1.			
2.			
3.			
4.			

Candidate

This withdrawal form can only be completed by a candidate who has submitted an application to participate in a countback election.

General information

The candidate must complete all sections except that marked for office use only and then lodge the form as described below.

Lodgement of withdrawal

A completed withdrawal form must be received by the Returning Officer by 12 noon, .

Late withdrawals will not be accepted.

Lodgement details

A completed withdrawal form can be lodged with the Returning Officer by either:

*Hand delivery to:

Posted to:

Emailed to:

***Note:** To ensure a NSWEC staff member is in attendance and to gain access to the office, please make an appointment via email candidates@elections.nsw.gov.au or call 1300 022 011.

Enquiries

All enquiries should be directed to the NSW Electoral Commission by email to candidates@elections.nsw.gov.au or phone 1300 022 011.

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Privacy statement: We collect information on this form to process your application and to send you information, reminders or surveys about the election. Staff and contractors have access to this form. We may also disclose your information to third-party providers in order to carry out our functions, and to others if legally required or authorised. If you do not provide information required by this form, we may not be able to process your application. See the Privacy Management Plan on our website about access to and correcting your personal information.

Part A – Candidate details

<input type="text"/>	<input type="text"/>		
TITLE	SURNAME OF CANDIDATE (AS ENROLLED)		
<input type="text"/>			DD / MM / YYYY
GIVEN NAME(S) OF CANDIDATE			DATE OF BIRTH
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
PLACE OF RESIDENCE AS ENROLLED	SUBURB	POSTCODE	
<input type="text"/>			
POSTAL ADDRESS (IF DIFFERENT TO PLACE OF RESIDENCE)			

Part B – Declaration

I hereby withdraw from being a candidate in the

<input type="text"/>	<input type="text"/>
COUNCIL	WARD (IF APPLICABLE)

countback election to be held on .

DAY/MONTH/YEAR

NAME

<input type="text"/>	<input style="width:100px;" type="text"/>
SIGNATURE	DATE

OFFICE USE ONLY

1. NSW Electoral Commission head office to complete

<input style="width:100px;" type="text"/>	:	<input type="checkbox"/> AM	<input type="checkbox"/> PM	
DATE RECEIVED	TIME RECEIVED			
<input type="checkbox"/> Withdrawal reviewed	<input type="checkbox"/> Withdrawal accepted	<input type="checkbox"/> Register updated		
<input type="text"/>	<input style="width:100px;" type="text"/>	DD / MM / YYYY		
NAME	SIGNATURE	DATE		

2. Returning Officer to complete

<input type="text"/>	<input style="width:100px;" type="text"/>	<input style="width:100px;" type="text"/>
NAME	SIGNATURE	DATE