Candidate's Withdrawal Form

I,, Band/Treaty/Registry/Status #	, hereby withdraw
my name as a candidate for Chief and/or Councillor	
for theMississaugas of the Cre	election
to be held on the day of	, 20
Print Candidate's name	Signature of Candidate
Witnessed by:	
Print Witness's name	Witness signature
Certification/ Registration number (if applicable) :	
Expiry date:	
Note: The witness must be either the Electoral Officer, a justice of the peace, a notary public or a commissioner for oaths.	
BE ADVISED THAT ONCE THE ELECTORAL OFFICER RECEIVES THIS FORM SIGNED AND WITNESSED, YOUR WITHRAWAL IS FINAL AND THEREFORE IRREVOCABLE.	