

Withdrawal Notice of Measure Election

SEL 804

rev 01/18
OAR 165-014-0005

Measure Information

Measure Number if assigned

Name of District

Caption of Ballot Title

Withdrawal Reason Optional.

Resubmission of Measure

Do you intend to resubmit the measure?

Yes

No

For what election?

Authorized Official Not required to be notarized.

Name

Title

Mailing Address

Contact Phone

By signing this document:

→ I hereby state that I am authorized by the county, city or district to submit this Withdrawal - Notice of Measure Election.

Signature

Date Signed