

**STATE OF ALASKA
REAA CANDIDATE NOTICE OF WITHDRAWAL**

CANDIDATE INFORMATION

Name of Candidate: _____

REAA or REAA #: _____ Section _____ Seat _____

MAILING ADDRESS INFORMATION

My mailing address is: _____, _____
(Current Mailing Address) (City) (State) (Zip)

CERTIFICATION

I, the undersigned, certify that the information in this *Notice of Withdrawal*, required by AAC 27.035(e), is true and complete. I hereby withdraw my candidacy for the office listed above. I also acknowledge that my withdrawal must be received by the Director of Elections in writing over my signature at least 48 days before the Regional Educational Attendance Area (REAA) Election as required by AAC 27.035(e).

(Candidate's Signature)

(Primary Phone) (Alternate Phone)

To assist staff in verifying candidate/voter identification, please provide one of the following:

(SSN, ADL, Voter # or DOB) _____

Privacy Disclaimer

Unless otherwise made confidential or protected from disclosure by law, information provided on this form may be subject to disclosure under the Alaska Public Records Act (AS 40.25.100—40.25.295). Failure to provide requested personal information may result in the Division's inability to process relevant portions of this form. Requested information will be used only for purposes directly associated with the processing of this form. For information on how to challenge the accuracy or completeness of personal information maintained by the Division, please send the Division a written request that the personal information be changed. The request must comply with AS 40.25.310 and be sent to the Division of Elections at the following address: Division of Elections, Director's Office, PO Box 110017, Juneau, AK 99811-0017.

Submit your completed Notice of Withdrawal to the Director's Office:

Division of Elections Director's Office

PO Box 110017

Juneau, AK 99811-0017

(907) 465-4611 - Telephone

(907) 465-3203 - Fax

Toll Free 1-866-952-8683

elections@alaska.gov