

WRITE-IN CANDIDATE DECLINATION FORM

To the _____ Superintendent:
(Municipality or township)

I would like to remove my name on the ballot for the Special School Board
Election to be held on _____.

(Signature of Candidate)

(Print your name clearly)

(Address)

(Date)

Date received by School _____

Date Received by County Clerk _____
Cumberland County Clerk
60 W. Broad Street
Cumberland County Courthouse
Bridgeton, NJ 08302