

# 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