



Office Use Only:

Statement of Withdrawal by Candidate

Complete and sign. Please type or print legibly.

Candidate Information

Name of Candidate KATHIN GRIGG

Office Information

Designated/nominated by: ☒ Petition ☐ Vacancy Committee ☐ Write-inOffice Title TRUSTEE

Residence & Mailing Address

Residence Street Address 202 S. 2nd ST Apt/Unit _____City Dolores State CO Zip Code 81323Mailing Address PO Box 581 Apt/Unit _____City Dolores State CO Zip Code 81323

Telephone & E-mail Address

Business Phone # _____ Extension _____

Residence Phone # 970 560 3349 E-mail Address KATHINGRIGG@GMAIL.COM

Signature

Applicant's Affirmation

I affirm that I hereby withdraw my candidacy for the office listed above. I acknowledge that it is my responsibility to report this withdrawal to the person designated in Section 1-4-1002, C.R.S., to fill this vacancy. Furthermore, the information provided on this form is, to the best of my knowledge, true and correct.

Signature of Candidate Kathin GriggDate of Signing 1/28/26

Revised 01-27-26