



Office Use Only:

Statement of Withdrawal by Candidate

Complete and sign. Please type or print legibly.

Candidate Information

Name of Candidate Mark E Youngquist

Office Information

Designated/nominated by: ☒ Petition ☐ Vacancy Committee ☐ Write-in

Office Title Town Trustee

Residence & Mailing Address

Residence Street Address 1001 Merritt Way Apt/Unit _____

City Dolores State CO Zip Code 81323

Mailing Address PO 1003 Apt/Unit _____

City Dolores State CO Zip Code 81323

Telephone & E-mail Address

Business Phone #(970) 394-4452 Extension _____

Residence Phone # _____ E-mail Address drbrewery@mac.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.

Mark E Youngquist
Signature of Candidate

Date of Signing

1/27/2026