

**Withdrawal  
Notice of Measure Election**

**SEL 804**

rev 01/18  
OAR 165-014-0005

Measure Information	
Measure Number if assigned 6-220	Name of District City of Coquille

Caption of Ballot Title
Five Year Local Option Levy for Ambulance Services

Withdrawal Reason <small>Optional.</small>

Resubmission of Measure	
Do you intend to resubmit the measure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	For what election? May 20, 2025

Authorized Official <small>Not required to be notarized.</small>	
Name Elizabeth Kinney	Title City Elections Official
Mailing Address 851 N Central Blvd, Coquille, OR 97423	Contact Phone 541-396-2115 ext 206

*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.

	3/19/2025
Signature	Date Signed