

# Resolution Cover Sheet

Please include this form with each resolution.

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Name of District: \_\_\_\_\_

District Address: \_\_\_\_\_

Date of Election: \_\_\_\_\_

Contact Person/ Title: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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Attorney for District: \_\_\_\_\_

Attorney Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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Type of Election (levy, bond, lid lift, etc.): \_\_\_\_\_

Please state the pass/fail requirement for this measure (simple majority, supermajority, 60% plus validation, etc.) as determined by your legal counsel:

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## Questions?

Clallam County Elections Division

Phone: 360-417-2217

Email: [elections@clallamcountywa.gov](mailto:elections@clallamcountywa.gov)