



# Grays Harbor County

WASHINGTON

Since 1854

Melinda Raihl, Acting County Auditor

Scott Turnbull, Elections Administrator

## SPECIAL ELECTION RESOLUTION COVER SHEET

This form **MUST** accompany each original or certified copy of the resolution. Contact person or persons should have the authority to approve change and answer questions.

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

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

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

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

Contact Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

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2nd Contact Person: \_\_\_\_\_

2<sup>nd</sup> Contact Phone: \_\_\_\_\_

2<sup>nd</sup> Contact Email: \_\_\_\_\_

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

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

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

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

**IMPORTANT** Please state the pass/fail requirements for this measure (i.e. Simple Majority, 60% etc.) as determined by your legal counsel, together with applicable statutory references: \_\_\_\_\_