



# Grays Harbor County

WASHINGTON

Since 1854

Joesph R. MacLean, County Auditor  
Melinda Raihl, Chief Deputy

## 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. Please provide the Word version of your resolution.

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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: \_\_\_\_\_

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