



Grays Harbor County

WASHINGTON

Since 1854

Vern Spatz, County Auditor
Lorie Ochmann, 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.

Name of District: _____

District Address: _____

Date of Election: _____

Contact Person: _____ Title: _____

Contact Phone: _____ Fax: _____

Contact Email: _____

2nd Contact Person: _____

2nd Contact Phone: _____

2nd Contact Email: _____

Attorney for District: _____

Attorney Phone: _____

Attorney Email: _____

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: _____