



RESOLUTION COVER SHEET

This form **must** accompany each resolution.

Name of District: _____

District Address: _____

Date of Election: _____

Contact Person/Title: _____

Phone Number: _____ Email: _____

Attorney for District: _____

Phone Number: _____ Email: _____

Type of Election (levy, bond, etc.): _____

Circle proposition # (if applicable): 1 2 3

Pass/Fail Requirement for this measure (simple majority, super majority, 60% plus validation, etc.) as determined by your legal counsel:

Pacific County Elections

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