



Mandatory Resolution Cover Sheet

It is the submitter's responsibility to ensure that documentation is presented no later than the resolution deadline date. Contact person or persons should have the authority and be available to answer questions. Call (509)888-6403 with questions about a resolution or completing this form.

Election Information

Election Date: _____

Type of Measure: _____
(Levy, Bond, Levy Lid Lift, etc.)

Pass/Fail Requirements: _____
(Simple Majority, 60% plus minimum turnout, etc.)

District Information

District Name: _____

District Address: _____

Contact Person 1	Contact Person 2
_____ Name & Title	_____ Name & Title
_____ Phone & email	_____ Phone & email

Attorney Information

Name

Phone & email

Was the ballot measure prepared by your attorney?

Yes No

Have you:

Attached a signed copy of the resolution?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Attached the Explanatory Statement (not to exceed 200 words) for the Local Voters' Pamphlet, prepared by your attorney?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Attached the "For" and "Against" Committee Appointment Forms?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Completed this cover sheet?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Auditor's Office Use

Time: _____ **Date Stamp**

Received by: _____ , _____
name *title*