

# Resolution Cover Sheet

Please include this form with each resolution.

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

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

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

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

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

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

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

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

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

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## Questions?

Clallam County Elections Division  
223 E 4th St, Suite 1, Port Angeles, WA 98362  
Open Monday - Friday, 8:00 am - 4:30 pm

**Phone:** (360) 417-2217

**Fax:** (360) 417-2312

**Email:** [elections@co.clallam.wa.us](mailto:elections@co.clallam.wa.us)

**Website:** [www.clallam.net/elections](http://www.clallam.net/elections)