

Resolution Cover Sheet

Please include this form with each resolution.

Name of District: _____

District Address: _____

Date of Election: _____

Contact Person/Title: _____

Contact Phone: _____ Email: _____

Attorney for District: _____

Attorney Phone: _____ Email: _____

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

Please state the pass/fail requirement for this measure (simple majority, supermajority, 60% plus validation, etc.) as determined by your legal counsel:

Questions?

Clallam County Elections Division

Phone: 360-417-2217

Email: elections@co.clallam.wa.us