

# Resolution Cover Sheet

This form must accompany each resolution filed with Pacific County Elections. The contact person or persons should have the authority to do so and be available to answer questions.

Name of District: \_\_\_\_\_  
District Address: \_\_\_\_\_  
Date of Election: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_  
Contact Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Contact Email: \_\_\_\_\_  
2<sup>nd</sup> Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_  
2<sup>nd</sup> Contact Phone: \_\_\_\_\_  
2<sup>nd</sup> Contact Email: \_\_\_\_\_

Attorney for District: \_\_\_\_\_  
Attorney Phone: \_\_\_\_\_ Attorney Fax: \_\_\_\_\_  
Attorney Email Address: \_\_\_\_\_

Type of Election (levy, bond, lid lift, etc.): \_\_\_\_\_  
Please state the pass/fail requirement for this measure (i.e. simple majority, 60%, etc.) as determined by your legal counsel, together with applicable statutory references: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For February and April elections only:  
Does the district wish to publish their own Voters' Pamphlet? Yes  No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*of person filing this form*

This form may be filled out and printed.

**This mandatory resolution cover sheet must accompany any resolution.**