

# Mandatory Resolution Cover Sheet

Date Received:

This form **must** accompany each original or certified copy of a resolution. Contact person or persons should have the authority to approve changes and be available to answer questions. Online fillable form is available on our website: [PierceCountyElections.org](http://PierceCountyElections.org)



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

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

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

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

Contact Phone Number: \_\_\_\_\_

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

2nd Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

2nd Contact Phone Number: \_\_\_\_\_

2nd Contact Email: \_\_\_\_\_

Contact Phone Number for Voters \_\_\_\_\_  
(May or may not be printed in pamphlet.)

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

Attorney Phone Number: \_\_\_\_\_

Attorney Email Address: \_\_\_\_\_

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

Please state the pass/fail requirement for this measure (i.e., Simply Majority, 60%, etc.) as determined by your legal counsel, together with applicable statutory references:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Office Use Only

Sent to P.A.

Ballot Title Final

District Notified

Date:

Date:

Date: