



Resolution Cover Sheet

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

District Information:

Name of District: _____

District Address: _____

Date of Election: _____

Contact Person: _____ Title: _____

Contact Phone: _____ Fax: _____ Email: _____

2nd Contact Person: _____ Title: _____

2nd Contact Phone: _____ Fax: _____ Email: _____

Attorney for District:

Name: _____

Phone: _____ Fax: _____ Email: _____

Other Information:

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: _____

Signature: _____ Date: _____

Of the person filing this form

This mandatory resolution cover sheet must accompany any resolution

Return this form with original resolution to Jefferson County Auditor's Office / Election Division:

1820 Jefferson St (PO Box 563), Port Townsend WA 98368

Contact info: (360) 385-9117 / elections@co.jefferson.wa.us