



Resolution Cover Sheet

This form must accompany 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, sales tax, etc.): _____

Pass/Fail Requirements for this measure as determined by your legal counsel:

☐ Simple majority or majority 50% +1 ☐ Supermajority or 60% +1

Notes:

Validation requirement as determined by your legal counsel: The minimum number of voters “required” to turnout (cast a valid ballot) in an excess levy or bond election.

This issue requires validation: ☐ Yes ☐ No

Notes:

Questions?

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