

Resolution Cover Sheet

This form is mandatory and must accompany each resolution.

Name of District:	
District Address:	
Date of Election:	
Contact Person:	Title:
Contact Phone:	Email:
2 nd Contact Person:	Title:
2 nd Contact Phone:	Email:
Attorney for District:	
Attorney Phone:	Attorney Email:
Type of Election (levy, b	ond, lid lift, sales tax, etc.):
Pass/Fail requirement for	or this measure as determined by your legal counsel:
Simple majority	or majority 50% +1 Supermajority or 60%
Applicable statutory ref	erence as determined by legal counsel:
· · · · · · · · · · · · · · · · · · ·	as determined by your legal counsel. The minimum number of voters "required") in an excess levy or bond election. ation: Yes No

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