



## Ballot Measure Cover Sheet/Receipt of Resolution

Please complete this form and submit with your resolution by the resolution deadline date. Call 425-388-3444 with questions about submitting a resolution or completing this form.

### District Information

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

Contact Person Name: \_\_\_\_\_

Contact Phone & email: \_\_\_\_\_

### Election Information

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

Type of Measure: \_\_\_\_\_  
(e.g., Levy, Bond, Levy Lid Lift, etc.)

Pass/Fail Requirements: \_\_\_\_\_  
(e.g., Simple Majority, 60% plus minimum turnout, etc.)

### Attorney Information

Name: \_\_\_\_\_

Phone & email: \_\_\_\_\_

### Have you included:

- Resolution signed by governing body?
- Request for local voters' pamphlet? (Feb/April Elections only. LVPs are required for Aug/Nov Elections).
- Explanatory Statement (not to exceed 200 words) with a letter from the district's attorney attesting that it was prepared by him/her?\*
- Pro and Con Committee Appointment Forms?\*

\*Required for Aug/Nov Elections and for Feb/April Elections if requesting local voters' pamphlet.

### Elections Office Use

Date Stamp

\_\_\_\_\_  
Person Delivering Resolution

\_\_\_\_\_  
Staff Receiving Resolution