

Resolution Cover Sheet

This form **must** accompany each resolution. Contact person or persons should have the authority and be available to answer questions. It is very important that the contact person be available throughout the election.

Name of District: _____

Date of Election: _____

Contact Person: _____ Title: _____

Contact Phone Number: _____ Fax Number: _____

Contact Email: _____

Contact Person: _____ Title: _____

Contact Phone Number: _____ Fax Number: _____

Contact Email: _____

District Address: _____

Type of Election (levy, bond, etc.): _____ (i.e. lid lift, benefit charge)

Attorney for District: _____

Attorney Phone Number: _____ Attorney Fax Number: _____

Attorney Email Address: _____

Special Instructions: _____

This online fillable form is available on our website at: piercecounitywa.org/elections
This form can be filled out, and printed. The Mandatory Resolution Cover Sheet form **must** accompany the original or certified copy of the resolution.