



proud past, promising future

CLARK COUNTY  
WASHINGTON

## RESOLUTION COVER SHEET

This form **MUST** accompany each original or certified copy of the resolution. Contact person or persons should have the authority to approve change and to answer questions.

---

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

District Address: \_\_\_\_\_

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

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Contact Email: \_\_\_\_\_

2<sup>nd</sup> Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

2<sup>nd</sup> Contact Phone Number: \_\_\_\_\_

2<sup>nd</sup> Contact Email: \_\_\_\_\_

---

Attorney for District: \_\_\_\_\_

Attorney Phone Number: \_\_\_\_\_

Attorney Email Address: \_\_\_\_\_

---

Type of election (levy, bond, lid lift, etc.): \_\_\_\_\_

Please state the pass/fail requirements for this measure (i.e. Simple Majority, 60% etc.) as determined by your legal counsel, together with applicable statutory references: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_