

Ballot Resolution Cover Sheet

Skagit County

This form **MUST** accompany each resolution for a ballot measure.

This form is to be completed by the jurisdiction administrator. They should have the authority and be available to answer questions. The completed form must be submitted to Skagit County Elections by 4:30 pm on the day of the deadline.

If you have any question on how to complete this form please contact Skagit County Elections at 360-416-1702.

District name: _____

District Address: _____

Election Date: _____

Contact person: _____ **Title:** _____

Phone number: _____ **Fax number:** _____

Contact email: _____

2nd Contact person: _____ **Title:** _____

2nd Contact phone: _____

2nd Contact email: _____

District attorney: _____

Attorney phone: _____ **Attorney fax:** _____

Attorney email: _____

Election type (levy, bond, levy lid lift, etc.): _____

State the pass/fail requirement for this measure as determined by your legal counsel:

Simple majority: _____ **60/40:** _____

Other (describe): _____