

Ballot Resolution Cover Sheet

Mason County

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

This form is to be completed by the district administrator. They should have the authority and be available to answer questions. The completed form and the required documents must be submitted to Mason County Elections no later than close of business on deadline day.

If you have any question please contact Mason County Elections at (360) 427-9670 ext. 470.

District name: _____

District Address: _____

Election Date: _____

Contact person: _____ Title: _____

Phone number: _____ Fax number: _____

Contact email: _____

District attorney: _____

Attorney phone: _____ Attorney fax: _____

Attorney email: _____

Does measure require Simple or Super majority? Simple _____ Super _____

The following required documents must be submitted by Resolution Deadline:

Explanatory Statement (via email only): _____ Letter from Attorney Approving Statement: _____

Committee Appointment Form: _____ Committee Appointment Efforts (if needed): _____

For Office Use Only:

Election Date on the Resolution: _____

Date Resolution emailed to P.A.: _____

(Staff initials) _____ / _____ Ballot Title from P.A. checked against the Resolution language for accuracy.

Date Ballot Title emailed to the district contact with cc: to their attorney: _____

Date Ballot Title mailed to the district contact: _____