

# 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.

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District name: \_\_\_\_\_

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

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

Contact person: \_\_\_\_\_ Title: \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

Contact email: \_\_\_\_\_

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District attorney: \_\_\_\_\_

Attorney phone: \_\_\_\_\_ Attorney fax: \_\_\_\_\_

Attorney email: \_\_\_\_\_

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Does measure require Simple or Super majority?    Simple \_\_\_\_\_ Super \_\_\_\_\_

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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): \_\_\_\_\_

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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: \_\_\_\_\_