

Resolution Cover Sheet



This form must accompany each resolution. Contact person or persons should have the authority to approve changes and be available to answer questions.

Name of District: _____

District Address: _____

Date of Election: _____

Contact Person: _____ Title: _____

Contact Phone Number: _____ Fax Number: _____

Contact Email: _____

2nd Contact Person: _____ Title: _____

2nd Contact Phone Number: _____

2nd Contact Email: _____

Attorney for District: _____

Attorney Phone Number: _____

Attorney Email address: _____

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

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

_____ Simple Majority

OR

_____ Super Majority

_____ 40% Validation Number

_____ 60% Validation Number

This online form is available on our website: www.bentoncountywa.gov/auditor The cover sheet form **must** accompany the original or certified copy of the resolution. Resolutions can be e-mailed to elections@co.benton.wa.us or delivered in-person to the Benton County Elections Center in Kennewick.