



Ballot Measure Cover Sheet

Receipt of Resolution Calling for an Election

Please complete this form and submit with your resolution by the deadline date. Materials may be submitted via mail, email, fax, or in person. Call 425-388-3321 with questions about submitting a resolution or completing this form.

District Information

District Name: _____

Contact Person Name: _____

Contact Phone & email: _____

Election Information

Election Date: _____

Type of Measure: _____
(e.g., Levy, Bond, Levy Lid Lift, etc.)

Pass/Fail Requirements: _____
(e.g., Simple Majority, 60% plus minimum turnout, etc.)

Attorney Information

Name: _____

Phone & email: _____

Have you included:

- Resolution signed by governing body?
- Explanatory Statement (not to exceed 200 words) with a letter from the district's attorney attesting that it was prepared by him/her?
- Pro and Con Committee Appointment Forms?

Explanatory statements and pro/con statements are printed in the local voters' pamphlet for every election.

Elections Office Use

Date Stamp

Person Delivering Resolution

Staff Receiving Resolution

3000 Rockefeller Avenue, M/S 505 | Everett, Washington 98201-4046 | (425) 388-3444

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