



proud past, promising future

RESOLUTION COVER SHEET

This form **MUST** accompany each original or certified copy of the resolution. Contact person or persons should have the authority to approve changes and 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 requirements for this measure (i.e., simple majority, 60% super majority, etc.) as determined by your legal counsel, together with applicable statutory references: _____
