



SAN JUAN COUNTY WASHINGTON

Natasha K. Warmenhoven, County Auditor
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Resolution Cover Sheet	Date Received
This form must accompany each resolution submitted. Contact person or persons should have the authority to approve changes and be available to answer questions.	

District Name: _____

Proposition No and Title _____

District Information

Contact Person: _____ Title: _____

Phone Number: _____ Email: _____

District Billing Address: _____

Attorney Information

Attorney for District: _____

Phone Number: _____ Email : _____

Has your attorney prepared this ballot measure? YES No

Has your attorney prepared the explanatory statement? YES No

Date of Election: _____

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

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

Submit to: elections@sanjauncountywa.gov