



# Ballot Measure Cover Sheet

A completed cover sheet **must** accompany each ballot measure submitted to the Whatcom County Auditor. **It is the submitter's responsibility to ensure that requested documentation is presented no later than the resolution deadline date.**

This form is available in a fillable form on the Auditor's website: [www.whatcomcounty.us/auditor](http://www.whatcomcounty.us/auditor).

## District Information

District Name: \_\_\_\_\_

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

Contact Person 1	Contact Person 2
<p>_____</p> <p>Name &amp; Title</p> <p>_____</p> <p>Phone &amp; email</p>	<p>_____</p> <p>Name &amp; Title</p> <p>_____</p> <p>Phone &amp; email</p>

## Attorney Information

\_\_\_\_\_

\_\_\_\_\_

Has your attorney prepared this ballot measure?

Yes       No

## Have You:

Attached the Resolution with original signatures <i>or</i> a certified copy of the original Resolution?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Attached the Explanatory Statement (not to exceed 100 words) for the Local Voters' Pamphlet prepared by your attorney?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Attached the "For" and "Against" Committee Appointment Forms?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Completed this cover sheet?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## Auditor's Office Use

# Date Stamp

### Missing document(s):

I understand that the submittal deadline date for the missing documents is \_\_\_\_\_ and the Auditor's Office will not begin processing this ballot measure until all documents have been submitted.

\_\_\_\_\_  
Deputy Auditor's Signature

\_\_\_\_\_  
Presenter's Signature