



# Whatcom County Auditor's Office

## Ballot Measure Coversheet

### District Information

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

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

### Contact Person 1

\_\_\_\_\_  
Name & Title

\_\_\_\_\_  
Phone & email

### Contact Person 2

\_\_\_\_\_  
Name & Title

\_\_\_\_\_  
Phone & email

### Attorney Information

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone & email

Has your attorney prepared this ballot measure?

Yes

No

### Are the following *required* documents included?

<b>Resolution</b> with original signatures or a certified copy	Yes	No
<b>Explanatory Statement</b> prepared by your attorney, not to exceed 100 words	Yes	No
<b>Committee Appointment Forms</b> separate forms for each committee	Yes	No
<b>Completed Ballot Measure Coversheet</b>	Yes	No

### Auditor's Office Use

# Date Stamp

\_\_\_\_\_  
Proposition/Initiative Number

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

### 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.

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