

JUL 30 2026

SEL 805

rev 08/25
OAR 165-014-0005

Request for Ballot Title

Preparation or Publication of Notice

No later than the **81st day before an election**, a governing body that has referred a measure must prepare and file with the local elections official the text of the referral for ballot title preparation or the ballot title for publication of notice of receipt of ballot title. This form may be used to file the text of the referral and request the elections official begin the ballot title drafting process or file a ballot title and request the elections official publish notice of receipt of ballot title.

Filing Information**Election Date**

November 3, 2026

Governing Body Referring Measure

Marion County Board of Commissioners

Referral Information**Title, Number, or other Identifier**

24-99-2026

This Filing is For☐ Drafting of Ballot Title (Attach referral text.)☒ Publication of Notice (Ballot title below.)**Ballot Title** (Additional requirements may apply)**Caption** 10 words which reasonably identifies the subject of the measure.

Form Mt. Angel-Monitor Fire District and Set Tax Rate

Question 20 words which plainly phrases the chief purpose of the measure.

Shall District be formed with a permanent tax rate of \$1.97 per \$1,000 assessed value beginning fiscal year 2027-28?

Summary 175 words which concisely and impartially summarizes the measure and its major effect.

This measure would take effect only if both measures for dissolution of Mt. Angel Fire District and Monitor Fire District (Dissolving Districts) are approved by voters. This measure creates Mt. Angel-Monitor Fire District (New District) effective January 1, 2027. New District's permanent tax rate of \$1.97 per \$1,000 assessed value, will begin July 1, 2027, replacing existing rates of Dissolving Districts. Taxes are for fire protection and emergency medical services. Employees of Dissolving Districts will become employees of New District. All real and personal property, including reserve funds, of dissolving districts will transfer to New District.

Authorized Official Not required to be notarized.

Marion County Board of

Name Commissioner Colm Willis**Title** Commissioners Chair**Email Address****Contact Phone** 503-588-5212*By signing this document:*

→ I hereby state that I am authorized by the county, city, or district governing body to submit this Request for Ballot Title –
Preparation or Publication of Notice.

Signature Redacted

Signature

7/27/2026

Date Signed

Exhibit C

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Marion County Clerk Bill Burgess
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