FPEIM RESOLUTION FORM

Proposed Title _____

Preamble
WHEREAS _____

WHEREAS _____

WHEREAS _____

Operative Clause
BE IT RESOLVED _____

Submitted by: _____
(Name of Municipality)

Approved by Council on: _____
(Month/Day/Year)

Signed: _____
(Signature of Mayor)

_____
(Signature of CAO)

Contact Person: _____ Date of Submission: _____
(Month/Day/Year)

Please attach any supplementary information that may assist FPEIM in consideration of this resolution.

FOR FPEIM OFFICE USE ONLY:	
Resolution Number:	
Recommendation of FPEIM Resolution Committee:	
Recommendation of FPEIM Board:	
Decision of FPEIM Board:	