|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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: |  |