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| **FPEIM RESOLUTION FORM** |
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| Proposed Title:  |  |
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| Preamble |  |  |  |
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| Operative Clause |  |  |  |
| BE IT RESOLVED |  |
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|  |  |  |  |
| 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. |

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