

Please fill out all information to request a resolution from the County of Smith

Name of Individual/Group/Organization to receive resolution _____

Title of Resolution _____

Date of Resolution _____

Resolution Information

What do you want the resolution to say (please provide enough information for at least four points).

Whereas: _____

Whereas: _____

Whereas: _____

Whereas: _____

Whereas: _____

Whereas: _____

Contact Information

Name _____

Address _____

Phone Number _____

E-mail _____

Date you would like to pick up the proclamation _____