



Resolution Information

Required fields are marked by an asterisk (*).

*Name: _____

*Phone (day): _____

Phone (evening/cell): _____

Address: _____

Email Address: _____

Unless advised otherwise, all contact regarding this request will be to the above-listed person.

*Title of Resolution: _____

*Date Resolution is Needed: _____

*Purpose of the Resolution (draft language and/or background of the person, event or organization):

INTERNAL USE ONLY. DO NOT WRITE BELOW THIS LINE.

Approved

Not Approved

Approved By: _____

Date Request Received: _____ Date to be Introduced: _____

Presentation: _____

Please forward completed form to the Town Clerk
Town of Spring Lake | 300 Ruth Street | Spring Lake, NC 28390
Phone: 910-985-1834
Email: clerk@townofspringlake.com