Model Resolution

RESOLUTION TO PROHIBIT (list the activities being prohibited, e.g., smoking/smoking and the use of tobacco products/smoking and the use of e-cigarettes) IN (list the places where the activity is being prohibited, e.g. government buildings, vehicles, and/or grounds, public places).

WHEREAS, (list here the facts that support this policy decision; there will likely be multiple Whereas statements);

Therefore be it resolved that the ___________ County Board of Health/Board of Commissioner/Town Council/City Council supports the adoption of a/an rule/ordinance to prohibit (list the activities being prohibited) in (list the places they will be prohibited).

Adopted by the __________ Town Council/ City Council/County Board of Commissioners/Board of Health this ____ day of __________, 20____.

____________________________________
Chairperson, __________ Town Council/ City Council/County Board of Commissioners/Board of Health

ATTEST:

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