

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:
