

RESOLUTION SUBMISSION FORM

Name of Submitter: _____

Precinct Number: _____. Llano County, TX

Phone: _____ Email: _____

TITLE OF RESOLUTION: _____

WHEREAS CLAUSES (Each "Whereas" explains why this resolution is needed.)

WHEREAS _____
_____;

WHEREAS _____
_____;

WHEREAS _____
_____;

RESOLUTION (desired action or position being requested):

THEREFORE, BE IT RESOLVED THAT:

Signature: _____

Date: _____

Return this form to your Precinct Chair at the Precinct Convention.