RESET

REQUEST FOR RESOLUTION OF RECOGNITION

DATE _____

NAME OF PERSON MAKING REQUEST _____

ORGANIZATION/AGENCY _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE _____ FAX _____

REASON FOR RESOLUTION i.e. Honoring Person, Business, etc.

_____

_____

_____

BACKGROUND ON PERSON/BUSINESS BEING HONORED (Must be Completed)

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Return completed form to: Otsego County Administration
225 West Main Street, Room 203
Gaylord, MI 49735
Fax: (989)731-7529