

HLCM Resolution Request Form

Date Requested: _____ Date Required: _____

Requested by: _____

Name

Agency (if applicable)

Address

City

State

Zip

City/Village/Township: _____ County: _____

Basic Information Needed:

The subject and purpose (person, persons, group, event, etc.) for the resolution:

The date and location of the occasion: _____

The name, address, and phone number of the honoree:

The honoree's date and place of birth, or, if the subject is an organization or event, when was it founded or first held?:

Please attach event information such as flyers, brochures, etc.

Mail, fax or email completed form to:

Hispanic/Latino Commission of Michigan
611 W. Ottawa Street, 4th Floor
Lansing, MI 48933
FAX: (517) 373-0176
EMAIL: hlcom@michigan.gov