

The Alarm Permit shall be issued in the name of the applicant (permit holder). Alarm Permits are non-transferable.
 Application fee for an Alarm Permit is \$30.00 - Please make cheques payable to Strathcona County.

RESIDENTIAL ALARMS		
Physical Alarm Address:		
Street:		
City:	Prov:	Postal Code:
Permit Holder Information:		
First Name:		
Last Name:		
<i>Mailing Address (if different from Physical Alarm Address)</i>		
Street/Box:		
City:	Prov:	Postal Code:
Phone Numbers:		
Day:	Evening:	Cell:
Email:		
Alarm Company:		
Alarm Company Name:		
Alarm Company Phone Number:		

Please Contact 780-449-0170 to update or change any of the above information.

In accordance with the Strathcona County Bylaw and subject to all provisions and regulations stated therein, including revocation and termination, I certify that all information contained in this application is complete and accurate.

Applicant's Name (print) _____ **Signature:** _____ **Date:** _____

Collection and Use of Personal Information

Personal information is collected under the authority of section 33(c) of the *Freedom of Information and Protection of Privacy Act* and will be used to manage and administer Strathcona County's Alarm Permit program and may be used and disclosed as necessary to ensure access to appropriate emergency response services. If you have questions regarding the collection, use, or disclosure of this information contact the Supervisor or Manager of Enforcement Services at 780-467-7741.

For Office Use Only:

Receipt Number _____ <input type="checkbox"/> Updated on PROS _____	<input type="checkbox"/> Permit Holder Notified of AP _____ <input type="checkbox"/> Updated on Report Exec _____
Tax Roll #:	