



**MUNICIPAL ENFORCEMENT SERVICE**

RCMP Detachment  
 96 Bellerose Drive  
 St. Albert AB T8N 7A4  
**P:** 780-418-6644  
**F:** 780-459-8846

**APPLICATION FOR ALARM PERMIT – FEE \$36.00**

Alarm Permits are non-transferable between properties. Changing alarm companies? If you have a permit, you **DO NOT NEED** to reapply. Please notify our office of the change.

FOR OFFICE USE ONLY

<b>Residential</b> <input type="checkbox"/>	<b>Business</b> <input type="checkbox"/>	<b>Is this your first alarm permit in St. Albert?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Alarm Address:</b>		<b>Postal Code:</b>	
<b>Permit Holder Information:</b> Last Name:		First Name:	
<b>Identification:</b> Date of Birth (yy/mm/dd)		ID/Driver's License #:	
<b>Home Ph:</b>	<b>Work Ph:</b>	<b>Cell Ph:</b>	
<b>Email:</b>			
<b>Alarm Monitoring Company:</b>		Phone:	
<b>Permit Holder Mailing Address:</b> <small>(if different than alarm address)</small>		<b>Postal Code:</b>	
<b>Business/Commercial/Not-for-Profit Organizations, please complete the following:</b>			
<b>Business Name:</b>		<b>Legal Name:</b>	
<b>Contact Info:</b> Last Name:		First Name:	
<b>Title:</b>		<b>Bus Phone:</b>	
<b>Square Footage of Business:</b> sq. ft. _____ m <sup>2</sup> _____			
<b>For Not-for-Profit Organizations, please complete the following:</b>			
<b>President:</b>		Ph:	
<b>Vice-President:</b>		Ph:	
<b>Secretary:</b>		Ph:	
<b>Treasurer:</b>		Ph:	

The Alarm Permit shall be issued in the name of the applicant (Permit Holder).

In accordance with the City of St. Albert 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.

**Date:** \_\_\_\_\_ **Applicant's Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

The personal information requested on this form will be used in conjunction with the administration of Bylaw 25/2002 (the "Alarm Systems Bylaw"). In accordance with the Freedom of Information and Protection of Privacy Act, the City of St. Albert will take all reasonable steps to protect the confidential nature of this information. If you have any questions about this form, please contact St. Albert Municipal Enforcement at 780-418-6644.

**Make \$36.00 cheque payable to:**

City of St. Albert  
 96 Bellerose Drive  
 St. Albert AB T8N 7A4