

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 Complete the following:	Business/Commercial/ Non-Profit Organizations Complete the following:
Alarm Address:	Alarm Address:
	Business Name: Square Footage:
Permit Holder Information: Last Name:	Permit Holder Information: Last Name:
First Name:	First Name:
City:	City:
Prov: Alberta	Prov: Alberta
Postal Code:	Postal Code:
Day Phone Number:	Day Phone Number:
Evening Phone Number :	Evening Phone Number:
Cell:	Cell:
Alarm Company:	Alarm Company:
Phone Number:	Phone Number:
Key Holder (in case permit holder not available) Name:	Key Holder (in case permit holder not available) Name:
Phone Number:	Phone Number:
Permit holder mailing address if different from Alarm Address:	Permit holder mailing address if different from Alarm Address:

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.

Applicants Name (print) _____ **Signature:** _____ **Date:** _____

Collection and Use of Personal Information

Personal information is being collected under the authority of the *Municipal Government Act* (MGA) and the *Freedom of Information and Protection of Privacy Act* (FOIP) and is managed in accordance with the provisions of FOIP. This information will be used to process and issue the Permit, and may be used to provide other County services such as emergency response planning, fire inspections or other consistent services. The information requested on this form will be used in conjunction with the administration of The Alarm Systems Bylaw. If you have any questions about the collection and use of your personal information, please contact Strathcona County Enforcement Services at 780-449-0170.

For Office Use Only:

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