

Bylaw and Enforcement Services, 911 Bison Way, Sherwood Park, AB T8H 1S9 Phone 780-449-0170 Fax 780-449-1265

Application fee for an alarm permit is \$30.00.

The alarm permit shall be issued in the name of the applicant (permit holder.) Alarm permits are non-transferable. Please make cheques payable to: Strathcona County, 911 Bison Way, Sherwood Park, AB T8H 1S9.

**Residential alarm – complete the following**

Rural address descriptors			
Subdivision _____			
Lot _____	or Condo unit _____	Block _____	Plan _____
Quarter _____	Section _____	Township _____	Range _____ Meridian <u>4</u>
Permit holder information			
Last name _____		First name _____	Current date _____
Alarm address _____		City _____	Prov. _____ Postal code _____
Day number <u>780-</u> _____		Evening number <u>780-</u> _____	Cell <u>780-</u> _____
Alarm monitoring company _____		Phone number _____	
<b>In case permit holder is not available, contact another key holder</b>			
Last name _____		First name _____	Alternative number <u>780-</u> _____
Permit holder mailing address (if different than alarm address) _____			
_____			

**Business/Commercial/Non-Profit Organizations – complete the following**

Permit holder information			
Last name _____		First name _____	Current date _____
Alarm address _____		City _____	Prov. _____ Postal code _____
Day number <u>780-</u> _____		Evening number <u>780-</u> _____	Cell <u>780-</u> _____
Alarm monitoring company _____		Phone number _____	
Business name _____		Square footage of business (sq.ft/m2) _____	
<b>In case permit holder is not available, contact another key holder</b>			
Last name _____		First name _____	Alternative number <u>780-</u> _____

Non-Profit Organization Key Holders	
President _____	Phone number(s) _____
Vice-President _____	Phone number(s) _____
Secretary _____	Phone number(s) _____

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**

The personal information requested on this form will be used in conjunction with the administration of Bylaw 31-2008 (The Alarm Systems Bylaw.) In accordance with the Freedom of Information and Protection of Privacy Act, Strathcona County will take reasonable steps to protect the confidential nature of this information. If you have any questions about this form, please contact Strathcona County Enforcement Services at 780-449-0170.