



January 1 2019

Dear Resident,

Re: 2019 Town of Lakeshore Alarm Registration

This is a reminder that your alarm system must be registered with the Town of Lakeshore by January 1st of each year. On the reverse side of this letter, you will find the 2019 Alarm Registration application. Please complete the form and return it to the Town Hall with your payment of \$22.60. The application can be returned by mail or delivered in person at the Town Hall. Cheques should be made payable to "The Corporation of the Town of Lakeshore".

Registration of your alarm will allow for two false alarms within the calendar year. Additional false alarms may result in charges. Failure to register your alarm will result in an automatic \$115.00 fine for each false alarm at your premises.

The personal information collected on this form is for the purpose of administrating the Town's fir alarm registration program in accordance with the Municipal Act, 2001 and By-law 101-2001. Question regarding collection may be directed to the Director of Legislative and Legal Services.

Completed Forms will Only be accepted at the following address:

Town of Lakeshore Municipal Office
419 Notre Dame St., Belle River ON, N0R 1A0
Attn: Alarm Registrations
(8:30 a.m. to 4:30 p.m.)
(Monday – Friday)

Yours Truly,

Kristen Newman

Kristen Newman
Director of Legislative and Legal Services

KN/km

Encl: 2019 Alarm Registration Form



2019 Alarm Registration Application

TOWN OF LAKESHORE

419 Notre Dame Street
 Belle River, Ontario N0R 1A0
 Tel: (519) 728-2700 Fax: (519)-728-9530
www.lakeshore.ca

REGISTRATION FEE: \$22.60	PROPERTY ROLL #
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PREMISE INFORMATION

COMPANY NAME (OR HOUSEHOLDER NAME IF RESIDENTIAL)	
ADDRESS OF PROTECTED PREMISES	POSTAL CODE
PREMISES PHONE NUMBER	MAILING ADDRESS IF DIFFERENT THAN ABOVE
EMAIL ADDRESS	

ALARM INFORMATION

TYPE:	Pharmacy <input type="checkbox"/>	Monitored <input type="checkbox"/>	Video <input type="checkbox"/>
Residential <input type="checkbox"/>	School <input type="checkbox"/>	Non Monitored <input type="checkbox"/>	Other (Specify) <input type="checkbox"/>
Commercial <input type="checkbox"/>	Financial Inst. <input type="checkbox"/>		

KEY HOLDER INFORMATION

NAME	HOME #	CELL#	OTHER #
NAME	HOME #	CELL#	OTHER #
NAME	HOME #	CELL #	OTHER #

OTHER INFORMATION

Pet(s) on Premises (how many) _____

CERTIFICATION

a) It is the alarm user's responsibility to ensure that a valid alarm registration exists and to provide updates as to changes in contact information.

The personal information collected on this application is for the sole purpose of administering the Town's alarm registration program and will not be used for any other purpose.

Name: (Print) _____ Sign: _____ Date: _____

