



2018 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 #

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 Monitored Video
Residential School Non Monitored Other (Specify)
Commercial Financial Inst.

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 always update and changes.

b) I certify that all information contained herein is correct to the best of my knowledge

The person information collected on this application is for the sole purpose of administering By-law 101-2001 and will not be used for any other purpose. Any request for access to this information will be considered in accordance with the Municipal Freedom of Information and Protection to Privacy Act (MFIPPA)

Name: (Print)

Sign:

Date: