

SCHEDULE "A"

Application for Alarm System Permit

I, _____, do hereby apply for an alarm permit pursuant to the "Alarm By-Law for the Town of Digby."

I acknowledge that I have been made aware that in the event of over two (2) false alarms during any consecutive twelve month period, I must pay a fee of \$ 100.00 for the third false alarm and that the fee will increase by \$ 50.00 for each subsequent false alarm.

This fee must be paid upon receipt of notice.

APPLICANT: Full Name _____

Civic Address _____

Mailing Address _____

Postal Code _____

Telephone _____ (Home) _____ (Work) _____

(Fax/E-mail) _____

The following persons are to be contacted in order of priority should an alarm be activated from our location:

1. Full Name: _____ Phone _____
Address: _____

2. Full Name: _____ Phone _____
Address: _____

3. Full Name: _____ Phone _____
Address: _____

It is an offence to make a false statement.

Date of Application

Signature of Applicant

Date of Approval
Permit Number _____

Town Clerk