



2021 Alarm Registration Application

MUNICIPALITY 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			
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			
<input type="checkbox"/> 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:	
_____	_____	_____	