



MUNICIPAL ENFORCEMENT SERVICE

RCMP Detachment 96 Bellerose Drive St. Albert AB T8N 7A4 **P:** 780-418-6644 **F:** 780-459-8846

APPLICATION FOR ALARM PERMIT - FEE \$36.00

FOR OFFICE USE ONLY

Alarm Permits are non-transferable between properties. Changing alarm companies? If you have a permit, you DO NOT NEED to reapply. Please notify our office of the change.

Residential Business					
Alarm Address:					Postal Code:
Permit Holder Information: Last		First Name:			
Identification: Date of Birth (yy/mm/dd)			ID/Driver's License #:		
Home Ph:	Work Ph:		Cell Ph:		
Email:					
Alarm Monitoring Company:			Phone:		
Permit Holder Mailing Address: (if different than alarm address)					Postal Code:
Business/Commercial/Not-for-l	Profit Organizatio	ons, please com	plete the fo	llowing	
Business Name: Leg			gal Name:		
Contact Info: Last Name:			First Name:		
Title:			Bus Phone:		
Square Footage of Business:	sq. ft.	m ²			
For Not-for-Profit Organizations,	, please complet	e the following:			
President:			Ph	1:	
Vice-President:			Ph:		
Secretary:			Ph:		
Treasurer:			Ph	1:	
The Alarm Permit shall be issued in the I	name of the applican	t (Permit Holder).			
In accordance with the City of St. Albert termination, by typing my full name belo complete and accurate.					
Date:		Applicant's Name:			
Please email this completed form to MES@ be emailed to you. Credit card payments on Debit), or you can mail in your application	an be made online at	https://my.stalbert			

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Once payment is confirmed your Alarm Permit will be sent to the email address provided on this application.

The personal information requested on this form will be used in conjunction with the administration of Bylaw 25/2002 (the "Alarm Systems Bylaw"). In accordance with the Freedom of Information and Protection of Privacy Act, the City of St. Albert will take all reasonable steps to protect the confidential nature of this information. If you have any questions about this form, please contact St. Albert Municipal Enforcement at 780-418-6644.