NOTICE OF APPEAL APPLICATION FORM

1. Preamble

The undersigned hereby requests the Norfolk County Police Services Board to consider this application in respect to the following: (check applicable box)

- ☐ determination of an At Fault False Alarm Bylaw 01-08 (NCPSB)
- ☐ assessment of Fees By-law 01-08 (NCPSB)
- ☐ issuance of a Notice of Suspension of Police Service (NCPSB)

The undersigned certifies the information contained herein, on which this application is based, to be true and the owner is aware of this exemption request.

2. Applicant: ☐ **Owner** ☐ **Occupier**

Applicant/Agent: _____

Address: _____

_____ Postal Code: _____

Phone: ( ) Email:

Owner Name
(If different from above): _____

Address: _____

_____ Postal Code: _____

Phone: ( ) Email:

3. Subject Property Address: _____

4. Reason(s) for Appeal (attach additional pages if required):

_____

_____

_____

5. Signature of Applicant or Agent **Date**

_____ _____

For the purposes of the Municipal Freedom of Information and Protection of Privacy Act, I authorize and consent to the use by or the disclosure to any person or public body any information contained in respect to this application for the purposes of processing this application.

NOTE:	a) Please attach further information if required. b) Applications must be received a minimum of 30 days prior to the Norfolk County Police Services Board meeting at which the appeal/exemption request is to be addressed.
Mailing Address:	**Norfolk County Community Services Division** **95 Culver St., Simcoe, ON N3Y 2V5** **Tel: 519-426-5999 Fax: (519) 426-0059**
Payment Info:	☐Cash ☐Cheque **Receipt #** _____

Please return completed form with the $45.00 application fee in cash to the address above, or mail completed form with cheque made payable to "The Corporation of Norfolk County"