

CITY OF PORT ALBERNI

4850 Argyle Street, Port Alberni, B.C. V9Y 1V8 Tel: (250) 720-2831 Fax: (250) 723-3402 www.portalberni.ca www.facebook.com/CityofPortAlberni

ENHANCED SECURITY INITIATIVE PROGRAM

APPLICATION FORM

| APPLICANT INFORMATION | |
|--|--|
| Business Name (if applicable): | |
| Applicant Name: | |
| Mailing Address: | |
| Phone Number: | |
| Email Address: | |
| Site Location: | |
| BUILDING/ RESIDENCE OWNER DIFFERENT FROM BUSINESS OWNER OR RESIDENTIAL TENANT | |
| A Letter of Approval from the Building/Property Owner is attached if I am the Tenant and the Applicant. Please Circle One: YES NO BUDGET OF DESIRED ENHANCEMENTS | |
| | |
| Recognizing there are factors to consider, please state the proposed budget for equipment and | |
| installation costs provided by professional installers. Do not reduce the total value by the desired ESIP grant amount. | 6 |
| FUNDING | |
| Do you have access to funds to complete this proposed project? | YES NO |
| SIGNATURES | |
| Business Owner Date | |
| Property Owner (if different from above) Date | |
| SUBMIT APPLICATION TO: | |
| gaylene_thorogood@portalberni.ca Gaylene Thorogood – Manage City of Port Alberni, 4850 Arg | er of Community Safety yle St, Port Alberni, BC V9Y 1V8 |