

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