



Est. 1923

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APPLICATION TO DISCHARGE FIREWORKS

Applicant Information

Name: _____ Date of Show: _____

Phone Number: _____ Physical Location of show: _____

I _____ declare I acknowledge the following regarding the
(print name)

discharge of fireworks within the Town of Smoky Lake Limits:

- I have learned the local regulations governing their use,
- I am aware that the Town of Smoky Lake and Smoky Lake Fire Department will assume **no liability in the misuse of discharging** of these fireworks that may result in personal injury or property damage
- I will follow the local regulations without expectation

I have read and understood the above information, by signing I declare all information to be true and accurate.

Signature: _____ Date: _____

OFFICE USE ONLY

Approval by local Fire Chief or CAO

Name of Fire Chief or CAO: _____

Signature: _____ Date: _____

Freedom of Information and Protection of Privacy Act Collection Notice: By submitting the above information, your name, phone number, street/physical address, and postal codes, are being collected in line with section 33(c) of the Alberta Freedom of Information and Protection of Privacy Act. This information will be used to process your permit approved by the Town of Smoky Lake. If you have any questions about the collection of your personal information, you may contact the Town of Smoky Lake at 56 Wheatland Ave, Smoky Lake, AB T0A 3C0, 780-656-3674, or legislative@smokylake.ca.