

FORM 4

DECLARATION OF A STATE OF LOCAL EMERGENCY

(Council of Municipality)

Section 12(2) of the *Emergency Management Act*, S.N.S. 1990, c.8

WHEREAS the area herein described is or may soon be encountering an emergency that requires prompt action to protect property or the health, safety or welfare of persons therein;

Emergency Area:

The area generally described as

Province of Nova Scotia (hereafter referred to as the "Designated Area(s)")

Yes ()

No ()

Nature of the Emergency:

AND WHEREAS the undersigned is satisfied that an emergency as defined in Section 2(b) of Chapter 8 of the Statutes of Nova Scotia, 1990, the *Emergency Management Act*, exists or may exist in the Designated Area(s) noted above;

THE UNDERSIGNED HEREBY DECLARES pursuant to Section 12(2) of the *Emergency Management Act*, a State of Local Emergency in the Municipality noted above as of and from _____ o'clock in the forenoon () or afternoon () of the ____ day of _____, 20__.

THIS DECLARATION OF STATE OF LOCAL EMERGENCY shall exist until _____ o'clock in the forenoon () or afternoon () of the ____ day of _____, 20__, or for a maximum of 7 days from the date and time specified above unless the Declaration is renewed or terminated as provided in Section 20 of the *Emergency Management Act*.

DATED at _____, in the Municipality of _____, Province of Nova Scotia, this ____ day of _____, 20__.

Council, Municipality

Name

Position

[Authorized by Resolution No. _____
dated the ____ day of _____,
20__]