

**FORM 5**

**DECLARATION OF A STATE OF LOCAL EMERGENCY**

(Mayor/Warden)

**Section 12(3) 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;

**AND WHEREAS** the Council of the Municipality is unable to act;

**AND WHEREAS** the undersigned has (check appropriate box)

(a) Consulted with a majority of the members of the Municipal Emergency Management Committee

Yes ( )

No ( )

(b) Found it impractical to consult with the majority of the Municipal Emergency Management Committee

Yes ( )

No ( )

**THE UNDERSIGNED HEREBY DECLARES** pursuant to Section 12(3) 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\_\_.

\_\_\_\_\_

\_\_\_\_\_  
Mayor/Warden's signature

Municipality of \_\_\_\_\_