

**Nova Scotia Emergency Management Office**  
**Fire Department Boundary Change Form for 911**

Please fill out and send with attachment to [civcadd@novascotia.ca](mailto:civcadd@novascotia.ca) or fax to 902-424-5376.

Fire Department name:

Fire Chief name:

Fire Chief phone number:

Does this boundary change have municipal approval?

Municipal representative name, e-mail and phone number:

Please attach map of the new boundary(s): (In electronic or paper format.)



Effective date:

Please note:

- The boundary change must be approved by the municipality to which the fire department belongs.
- EMO must receive this form a minimum of two weeks prior to the effective date.
- An effective date must be on a Tuesday, Wednesday or Thursday during business hours and cannot be the day before or day after a statutory holiday.