



**North
Battleford**

Eyes That Care Application Form

Yes, I want to join Eyes That Care, help keep my community safer, and receive my **FREE Security Light!**

- I agree to properly install my security light in an area which will help deter theft.
- I agree to clearly display my “Eyes That Care” sign in my window.
- I agree to meet with my neighbours and help watch over my neighbourhood.
- I agree to call in any suspicious behaviours to the RCMP.
- I agree to remove valuables, and lock my vehicles and residence to deter theft.
- I agree to close my windows and ensure sightlines are clear around doorway.
- I agree to receiving regular emails from the City relating to Community Safety.

(Last Name)

(First Name)

(House Number)

(Street Name)

(City)

(Province)

(Postal Code)

(Email Address)

(Contact Number)

Elderly residents and anyone with health or mobility restrictions can request assistance for installing the lights:

- Yes, I am unable to install the light and request assistance from the City.

In exchange, I agree to the following: I will indemnify and save harmless the City, including its elected and appointed members, officers or employees or other party for whom the City is responsible, from all liabilities, fines, suits, claims, demands, actions and costs of any kind and nature for which the Applicant, its officers, employees and agents shall or may become liable or suffer by reason of the installation of the Light upon their property, whether or not caused by any negligent act, error or omission of the City or its officers or employees.

(Applicant’s Signature)

(Date)

(City Manager’s Signature)

(Date)

