

State of Local Emergency

CANCELLATION ORDER

Date: _____

Date- MMM/DD/YYYY

WHEREAS _____ in _____;

short description of hazard and emergency

name of Local Authority

AND WHEREAS this _____ emergency no longer requires
hazard type
prompt coordination of action or special regulation of persons or property to
protect the health, safety or welfare of people or to limit damage to property;

IT IS HEREBY ORDERED pursuant to _____
Section 14 (2) (ii) of the Emergency Program Act or Band Council
that a state of local emergency no longer exists in _____
specific geographic boundaries of designated area
and is therefore cancelled effective this date at _____.
Time- 24hr clock

Printed Name
Head of the Community – Mayor; Board Chair; Band Chief

Signature