State of Local Emergency

CANCELLATION ORDER

Date: ______________________

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

Feb 2020