

Department of Emergency Management Fire Department Amalgamation Change Form for 911

Please fill out and send with attachment to civcadd@novascotia.ca

Former Fire Department Name #1:

Former Fire Department Name #2:

Former Fire Department Name #3: (if applicable)

New Fire Department Name:

Name of Fire Chief for the new amalgamated fire department:

Fire Chief phone number and email:

Does this change have municipal approval?

Municipal representative name, email and phone number:

Please attach map of new amalgamated fire departments.
(In electronic or paper format)



Effective date:

Please note:

- Amalgamation must be approved by the municipality(ies) to which the fire department(s) belong.
- DEM 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.