



False Alarm Reduction Program Permit Registration Form

Type of Permit (Please select one): Residential (\$10 annual permit fee)
 Commercial (\$15 annual permit fee)

Alarmed Location Information

Name/Company _____

Address _____

Postal Code _____ Phone # _____

Mailing Address (if different) _____

Postal Code _____ Phone # _____

Email: _____

Please note: your email address will only be used by the RDCO False Alarm Reduction Program

Alarm Company Information

Alarm Company _____ Phone # _____

Monitoring Company _____ Phone # _____

The False Alarm Reduction Program will provide a copy of your alarm permit number to your alarm company (if applicable) once a completed registration form and payment have been received. Thank you for obtaining an alarm permit and helping reduce the number of false alarms within our communities.

Applicants Signature X _____ **Date** _____

Payment and Contact Information

Please make cheque or money order payable to: Regional District of Central Okanagan

Please send payment and permit registration form to:

**RDCO False Alarm Reduction Program
1450 KLO Road
Kelowna, BC V1W 3Z4**

Telephone: 250 469 6123

Email: alarms@cord.bc.ca

Fax 250 763 0606

www.regionaldistrict.com/alarms

OFFICE USE ONLY Permit # _____ Date: _____ Paid: _____