

SCHEDULE "D"

SECURITY ALARM SYSTEMS REGISTRATION FORM

OFFICE USE ONLY

PERMIT NO. _____ DATE _____ \$ PAID _____

NEW REGISTRATION: _____ RE-REGISTERING: _____

RESIDENTIAL ALARM USER INFORMATION (PLEASE PRINT CLEARLY)

NAME _____

ADDRESS _____ CITY: _____

POSTAL CODE _____ PHONE# _____

EMAIL _____

MAILING ADDRESS (if different) _____

POSTAL CODE _____ PHONE # _____

COMMERCIAL ALARM USER INFORMATION (PLEASE PRINT CLEARLY)

COMPANY NAME _____

COMPANY ADDRESS _____

COMPANY MAIL ADDRESS _____

CITY _____ POSTAL CODE _____

EMAIL _____ PHONE # _____ CELL # _____

NORMAL OPERATING HOURS _____ FAX # _____

COMPANY OWNER'S NAME _____

COMPANY OWNER'S HOME ADDRESS _____

POSTAL CODE _____ PHONE # _____

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ALARM COMPANY INFORMATION

ALARM COMPANY _____ **PHONE #** _____

MONITORING COMPANY _____ **PHONE #** _____

TYPE OF ALARM (CHECK ALL THAT APPLY)

_____ **INTRUSION ALARM**

_____ **PANIC ALARM**

_____ **HOLD UP ALARM**

_____ **SILENT ALARM**

KEYHOLDERS (LIST TWO KEYHOLDERS (OTHER THAN THE ALARM USER) WHO WILL RESPOND TO AN ALARM ACTIVATION TO ASSIST THE POLICE IN DETERMINING THE CAUSE OF THE ALARM ACTIVATION AND TO SECURE THE PREMISES)

#1 KEY HOLDER NAME _____

DAYTIME PHONE # _____ **NIGHT PHONE #** _____

#2 KEYHOLDER NAME _____

DAYTIME PHONE # _____ **NIGHT PHONE #** _____

APPLICANT SIGNATURE _____ **DATE** _____

A CHEQUE IN THE AMOUNT OF \$10.00 (RESIDENTIAL) OR \$15.00 (OTHER) MUST BE INCLUDED WITH THE APPLICATION. PLEASE MAKE CHEQUE OR MONEY ORDER PAYABLE TO: REGIONAL DISTRICT OF CENTRAL OKANAGAN.

Please send payment to:

**R.D.CO. FALSE ALARM REDUCTION PROGRAM
ALARM COORDINATOR
P.O. BOX 20243 TOWNE CENTRE
KELOWNA, B.C. V1Y 9H2**

Telephone: 250-470-6219

Fax: 250-470-6348

Website: www.regionaldistrict.com

Email: alarms@cord.bc.ca