

Regional District Okanagan Similkameen FireSmart Rebate Program Application for Rebate

PART ONE

Property, homeowner and assessor information:

Homeowner Name: _____

Phone Number: _____ E-mail: _____

Property Address:

Local FireSmart Representative Name:

Phone Number: _____ E-mail: _____

Date of Property FireSmart Assessment: _____

PART TWO

(Download & fill out the separate Home Ignition Zone Assessment Scorecard) Please attach.

LFR Comments:

Recommendations:

Local FireSmart Representative Recommendations applicable to Rebate Program.

Priority One:

Priority Two:

Priority Three:

Comments:

PART THREE

Download FireSmart Assessment Work Hours Form & attach receipts.

PART FOUR

Follow up Visit

When the work is complete, contact your FireSmart assessor who will perform a quick follow-up visit to confirm work completed.

Local FireSmart Representative Name: _____

Local FireSmart Representative Signature: _____

Date of Visit: _____

Photos included : Yes No

Description of photo's :

Confirmed Eligibility for Rebate: YES NO

Comments: