



**Malicious/Nuisance False Fire Alarm**

**Application for Reimbursement of False Alarm Administration Fees**

(By law 13 2007, December 6, 2006)

The City provides a reimbursement program which is intended to ensure that property owners maintain their fire alarm systems in good working order and take corrective actions as necessary. Any owner who incurs expenses to correct a problem subsequent to a nuisance or malicious false alarm may apply for reimbursement. This does **not** include regular maintenance, repairs resulting from annual inspection deficiencies, or a security patrol. Your submission must relate to the building address where the incident occurred, and repairs must be incident-related.

**Please note:** Refund amount is based on a maximum of 90% of the false alarm fee or the costs incurred for repair/installation, whichever is less.

**Application Requirements:**

1. Applications will only be considered when false alarm fees have been paid in full.
2. Repair/service invoice(s) and work order(s) must be included with your application to support your claim.
3. Repair work must be initiated within 60 days from the date of the false alarm incident.
4. Applications must be received within one year of the false alarm invoice.

*Incomplete applications and those that do not meet the above requirements will be returned along with a letter of explanation. For any questions, please email: [fireaccounting@toronto.ca](mailto:fireaccounting@toronto.ca)*

<b>OWNER INFORMATION</b>					
Date of Application:					
Name of Property Owner:					
Mailing Address					
Street Name:					
City:		Province:		Postal Code:	
Contact Person:			Phone Number:		
<b>INCIDENT ADDRESS</b>					
Address:					
Contact Person:			Phone Number:		
Email:					
<b>FIRE INVOICE INFORMATION</b>					
Account Number:				Invoice Number:	
<p><b>Please mail the completed form and supporting documents to:</b>            Toronto Fire Services, Financial Services, 4330 Dufferin St., 2nd Floor,            Toronto, ON M3H 5R9 Or email them to <a href="mailto:fireaccounting@toronto.ca">fireaccounting@toronto.ca</a></p>					
<b>FOR OFFICE USE ONLY</b>					
Inspector's Name: _____			Date of Inspection: _____		
Is listed work completed and all listed devices installed locations indicated? YES <input type="checkbox"/> NO <input type="checkbox"/>					
Were false alarm prevention procedures reviewed with the owner? YES <input type="checkbox"/> NO <input type="checkbox"/>					
Reference Number:			Refund Amount (\$):		
Finance Authorizing Signature:			Date:		