

# 2026 PROPANE TANK ADAPTER HOSE REBATE FORM

MAIL OR DROP OFF THIS COMPLETE FORM AND A VALID SALES RECEIPT TO:  
Regional District of North Okanagan, 9848 Aberdeen Road, Coldstream, BC, V1B 2K9  
Or email to [reception@rdno.ca](mailto:reception@rdno.ca) with Composter Rebate Application in the subject line.



## APPLICANT INFORMATION

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/Prov \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ Email Address \_\_\_\_\_

### Terms & Conditions:

1. The rebate applies to propane adapter hoses purchased by residents of the Regional District of North Okanagan (RDNO).
2. Propane Tank Adapter Hoses must be used with Transport Canada Qualified refillable propane tanks that connect to propane appliances that have a pressure regulator in the control valve.
3. Purchase must be made during 2026. All submissions must be received within 60 days of the date indicated on the receipt. **Final submission date is January 31, 2027.**
4. A legible sales receipt from the retailer must accompany the completed rebate form. The receipt must indicate: name, address, and phone number of the retailer, date of purchase, model number and description of the unit purchased. Incomplete applications will be rejected.
5. The rebate amount is a maximum of \$25.00. If the propane tanks adapter hose costs less than \$25.00 including tax, the total cost of the adapter including tax will be reimbursed. Maximum one rebate per household.
6. The applicant shall indemnify and hold harmless the RDNO, its directors, officers, and employees, from and against all liabilities and damages, in any way based upon or attributable to the applicant's participation in the Propane Adapter Hose Rebate Program.
7. The RDNO reserves the right to alter, cancel, or discontinue this program at any time, and to reverse the rebate if the information provided by the applicant is inaccurate or false, or if the terms and conditions of this program have not been met.
8. Reimbursements are issued approximately 8-10 weeks following receipt of a completed, eligible application.

## CERTIFICATION

By submitting this rebate application, I certify that the information provided on this application form and attachment(s) is true and accurate to the best of my knowledge. I have read, understood, and agree to the Terms and Conditions of the Composter Rebate Program.

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Signature or Email Address (if rebate is emailed) \_\_\_\_\_

## OFFICE USE ONLY

Control Number: \_\_\_\_\_ Date Paid: \_\_\_\_\_

Verified by: \_\_\_\_\_

GL Code: 01-2-351-569 Batch #: \_\_\_\_\_

DATE STAMP

