

WARRANTY REGISTRATION

Please type or print out the following information and either mail or fax both sides back to **ISIMET** within 30 days of installation.

Project Name _____ ISIMET Record # _____

Project Owner _____

Address _____

City _____ State _____ Zip Code _____

Phone: (____) _____ - _____ Fax: (____) _____ - _____ Date Installed ___ / ___ / _____

Control Unit ___ of ___ **Model #** _____ **Serial #** _____ **Room #** _____

Integration:	Services Controlled:
<input type="checkbox"/> ems Input <input type="checkbox"/> ems Monitoring	<input type="checkbox"/> Dom. CW <input type="checkbox"/> Dom. HW
<input type="checkbox"/> Alarm Input <input type="checkbox"/> Alarm Monitoring	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Comp. Air
<input type="checkbox"/> Remote Panic Assembly	<input type="checkbox"/> 120 VAC Convenience Outlets
<input type="checkbox"/> Emergency Shower Monitoring	<input type="checkbox"/> Other _____
<input type="checkbox"/> Monitoring Light Array	<input type="checkbox"/> Other _____
<input type="checkbox"/> Gas Detection Devices	<input type="checkbox"/> Exhaust Fan <input type="checkbox"/> LA Companion

Solenoid Size & Function ___ - _____ ___ - _____ ___ - _____ ___ - _____

E – Series Companion Enclosures: **Model #** _____

Contacts _____ **Added Circuit Relay** _____

Companioned LA Series (if provided): **Model #** _____

Where LA Controller is not primary control unit

Other Products:

Model # _____	Description _____	QTY _____
Model # _____	Description _____	QTY _____
Model # _____	Description _____	QTY _____
Model # _____	Description _____	QTY _____
Model # _____	Description _____	QTY _____

Must be submitted with Warranty Start-up Checklist

ISIMET, LLC 103 C.J. Wise Parkway Naples, TX 75568 Phone: (903)897-0737 Fax: (903)897-0740