

MULTI-SYSTEM 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

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Companion Enclosures: Model # _____ QTY _____

Room # (s) _____

S-Series Enclosure **E-Series Enclosure**

Companion Enclosures: Model # _____ QTY _____

Room # (s) _____

S-Series Enclosure **E-Series Enclosure**

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Room # (s) _____

S-Series Enclosure **E-Series Enclosure**

Project: _____

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Other Products: **Model #** _____ **QTY** _____

Product Description: _____

Room # (s) _____

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