

# 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**                      **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"/> Exhaust Fan <input type="checkbox"/> LA Companion

**S – Series Companion Enclosures:**                      **Model #** \_\_\_\_\_

**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** \_\_\_\_\_

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Must be submitted with Warranty Start-up Checklist