

Installation Profile Submittal

Regional Sales Manager: _____ Acct # _____
 Customer Name: _____
 Contact: _____
 Mailing Address: _____
 Phone #: _____ Fax: _____
 Email Address: _____

INSTALLATION INFORMATION

Facility/Project Name: _____
 City, State: _____
 Project Completion Date: _____
 Is this: New Construction Retrofit Add to/Modify

TYPE OF PROJECT: Please see attached for description

<input type="checkbox"/> Educational	<input type="checkbox"/> Retail
<input type="checkbox"/> Government Buildings	<input type="checkbox"/> Financial
<input type="checkbox"/> Healthcare	<input type="checkbox"/> Strip Mall
<input type="checkbox"/> Hotels/Motels/Hospitality	<input type="checkbox"/> Theater
<input type="checkbox"/> Place of Worship	<input type="checkbox"/> Other _____

This installation includes:

Addressable Product

_____ MS-9600
 _____ MS-9200
 _____ MS-9200UD
 _____ MS-9200UD
 _____ MS-9200UD
 _____ MS-9200UD
 _____ Total System Points

Conventional Product

Briefly explain why Fire Lite was chosen for this project? What special solution(s) were you able to provide for this project?

It is permissible to use this installation as a reference. Please contact me.

Name of person completing form: _____ Signature: _____

Please fax completed form to Christy Nizolek @ 203.484.1215 or call 203-484-6202 with any questions!