

City of Portland, Maine - Building or Use Permit Application

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 10-1285	Issue Date:	CBL: 038 F006001
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Location of Construction: 245 Commercial St	Owner Name: Casco View Holdings Llc	Owner Address: Po Box 11409	Phone:
Business Name:	Contractor Name: Simplex / Grinnell	Contractor Address: 20 Thomas Drive Westbrook	Phone: 2078426440
Lessee/Buyer's Name	Phone:	Permit Type: Fire Alarm System	Zone: B-3

Past Use: Commercial	Proposed Use: Commercial / Install fire alarm system on the 5th floor	Permit Fee: \$100.00	Cost of Work: \$7,500.00	CEO District: 1
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FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied *See Conditions	INSPECTION: Use Group: U Type: Alarm UPPA / IBC 2005
---	--

Proposed Project Description: Install fire alarm system on the 5th floor	Signature: (RG)	Signature: [Handwritten Signature]
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		
Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied		
Signature:		Date:

Permit Taken By: gg	Date Applied For: 10/18/2010	Zoning Approval
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- This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.
- Building permits do not include plumbing, septic or electrical work.
- Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work..

Special Zone or Reviews
<input type="checkbox"/> Shoreland
<input type="checkbox"/> Wetland
<input type="checkbox"/> Flood Zone
<input type="checkbox"/> Subdivision
<input type="checkbox"/> Site Plan
Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/>
Date: 10/18/10

Zoning Appeal
<input type="checkbox"/> Variance
<input type="checkbox"/> Miscellaneous
<input type="checkbox"/> Conditional Use
<input type="checkbox"/> Interpretation
<input type="checkbox"/> Approved
<input type="checkbox"/> Denied
Date:

Historic Preservation
<input type="checkbox"/> Not in District or Landmark
<input type="checkbox"/> Does Not Require Review
<input type="checkbox"/> Requires Review
<input type="checkbox"/> Approved
<input type="checkbox"/> Approved w/Conditions
<input type="checkbox"/> Denied
Date: Require A Separate Review & Approval

PERMIT ISSUED

NOV - 5 2010

City of Portland

CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application is issued, I certify that the code official's authorized representative shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provision of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT _____ ADDRESS _____ DATE _____ PHONE _____

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE _____ DATE _____ PHONE _____



CITY OF PORTLAND, MAINE

Department of Building Inspections

Original Receipt

2-12 2010

Received from [Signature]

Location of Work 1456 Commercial St

Cost of Construction \$ _____ Building Fee: _____

Permit Fee \$ _____ Site Fee: _____

Certificate of Occupancy Fee: _____

Total: 100.00

Building (IL) Plumbing (I5) Electrical (I2) Site Plan (U2)

Other Foundation

CBL: 031 F006

Check #: 142 Total Collected \$ 100.00

**No work is to be started until permit issued.
Please keep original receipt for your records.**

Taken by: [Signature]

WHITE - Applicant's Copy
YELLOW - Office Copy
PINK - Permit Copy

City of Portland, Maine - Building or Use Permit

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 10-1285	Date Applied For: 10/12/2010	CBL: 038 F006001
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Location of Construction: 245 Commercial St	Owner Name: Casco View Holdings Llc	Owner Address: Po Box 11409	Phone:
Business Name:	Contractor Name: Simplex / Grinnell	Contractor Address: 20 Thomas Drive Westbrook	Phone (207) 842-6440
Lessee/Buyer's Name	Phone:	Permit Type: Fire Alarm System	

Proposed Use: Commercial / Install fire alarm system on the 5th floor	Proposed Project Description: Install fire alarm system on the 5th floor
--	---

Dept: Zoning **Status:** Approved with Conditions **Reviewer:** Marge Schmuckal **Approval Date:** 10/18/2010**Note:** **Ok to Issue:**

- 1) ANY exterior work requires a separate review and approval thru Historic Preservation. This property is located within an Historic District.
- 2) Separate permits shall be required for any new signage.
- 3) This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.

Dept: Building **Status:** Approved with Conditions **Reviewer:** Tammy Munson **Approval Date:** 11/05/2010**Note:** **Ok to Issue:**

- 1) Fire Alarm systems shall be installed per Sec. 907 of the IBC 2003

Dept: Fire **Status:** Approved with Conditions **Reviewer:** Capt Keith Gautreau **Approval Date:** 10/26/2010**Note:** **Ok to Issue:**

- 1) The Fire alarm and Sprinkler systems shall be reviewed by a licensed contractor[s] for code compliance. Compliance letters are required.
- 2) The fire alarm system shall comply with the City of Portland Standard for Signaling Systems for the Protection of Life and Property. All fire alarm installation and servicing companies shall have a Certificate of Fitness from the Fire Department.
- 3) As-built documents shall be submitted in pdf to the Building Inspections Office upon completion of job.
- 4) System acceptance and commissioning must be co-ordinated with alarm and suppression system contractors and the Fire Department. Call 874-8703 to schedule.
- 5) All fire alarm records required by NFPA 72 should be stored in an approved cabinet located at the FACP labeled "FIRE ALARM RECORDS". Records cabinet, FACP, annunciator(s), and pull stations shall be keyed alike.

PERMIT ISSUED

NOV - 5 2010

City of Portland

BUILDING PERMIT INSPECTION PROCEDURES

Please call 874-8703 or 874-8693 (ONLY)

or email: buildinginspections@portlandmaine.gov

With the issuance of this permit, the owner, builder or their designee is required to provide adequate notice to the City of Portland Inspection Services for the following inspections. Appointments must be requested 48 to 72 hours in advance of the required inspection. The inspection date will need to be confirmed by this office.

- Please read the conditions of approval that is attached to this permit!! Contact this office if you have any questions.
- Permits expire in 6 months, if the project is not started or ceases for 6 months.
- If the inspection requirements are not followed as stated below additional fees may be incurred due to the issuance of a "Stop Work Order" and subsequent release to continue with construction.

 X Final inspection required at completion of work performed by the Fire Department.

The project cannot move to the next phase prior to the required inspection and approval to continue, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.

IF THE PERMIT REQUIRES A CERTIFICATE OF OCCUPANCY, IT MUST BE PAID FOR AND ISSUED TO THE OWNER OR DESIGNEE BEFORE THE SPACE MAY BE OCCUPIED.

PERMIT ISSUED

NOV - 5 2010

City of Portland

Simplex Grinnell
20 Thomas Drive
Westbrook ME 04092



Fire Alarm Permit

If you or the property owner owes real estate or property taxes or user charges on any property within the city, payment arrangements must be made before permits of any kind are accepted.

Installation address: MEMIC 245 Commercial ST CBL: 038 F 006

Exact location: (within structure) 5th Floor

Type of occupancy(s) (NFPA & ICC): _____

Building owner: MEMIC

System Designer (point of contact): Ken Plourde Must be

Designer phone: 207-482-2324 E-mail: kplourde@simplexgrinnell.com

Installing contractor: SimplexGrinnell Certificate of Fitness No: 1019

Contractor phone: 842-6440 E-mail: pdoughty@simplexgrinnell.com

This is a new application: YES NO New AES Master Box: YES NO
(Include Master Box approval form)

Amendment to an existing permit: YES NO Permit no: _____

The following documents shall be provided with this application:

- Floor plans
- Wiring diagram
- Annunciator details
- Input/ Output Matrix
- Equipment data sheets
- Electrical Permit Pulled (check alarm/com)
- Scope of Work
- 11 1/2 x 17s
- pdf copy (may be e-mailed)
- Designer qualifications
- Battery/ voltage drop calcs

Master box approval only: YES NO
(If yes check *New AES Master Box* above)

COST OF WORK: \$ 7500.00

PERMIT FEE: \$ 100.00
(\$10 PER \$1,000 + \$30 FOR THE FIRST \$1,000)

RECEIVED

OCT 12

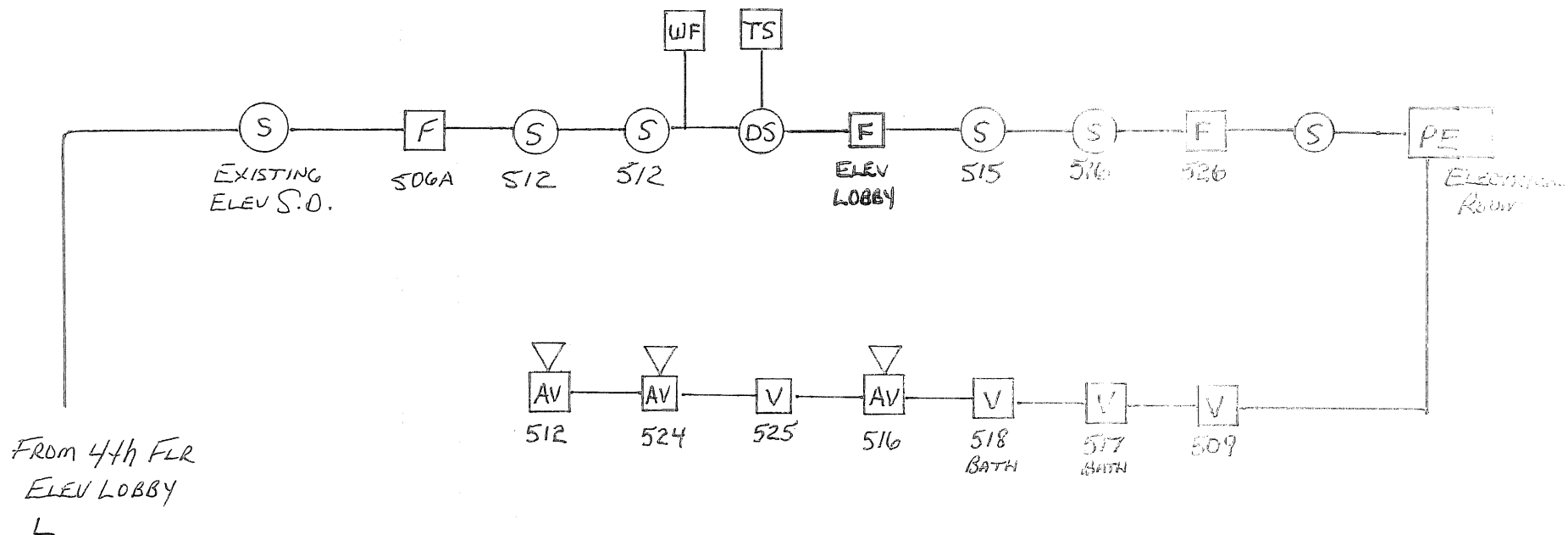
Dept. of Building Inspections
City of Portland Maine

The designer shall be the responsible party for this application. Download a new copy of this application at www.portlandmaine.gov/fire for every submittal. Submit all plans in electronic PDF in addition to readable 11 1/2 x 17s to the Building Inspections Department, 389 Congress Street, Room 315, Portland, Maine 04101.

Prior to acceptance of any fire alarm system, a complete commissioning and acceptance test must be coordinated with all fire system contractors and the Fire Department, and proper documentation of such test(s) provided.

All installation(s) must comply with the *City of Portland Technical Standard for Signaling Systems for the Protection of Life and Property*, available at www.portlandmaine.gov/fire.

Applicant signature: Ken Plourde Date: 10/8/10



SimplexGrinnell BE SAFE.
 A Tyco International Company



Ken Plourde
 Service Sales Representative
 Alarm & Detection Division

20 Thomas Drive
 Westbrook, ME 04092
 Nicet: 088704

P: 207.482.2324 C: 207.749.6726
 kplourde@simplexgrinnell.com • www.simplexgrinnell.com

MEMIE 5th FLR 245 COMMERCIAL ST.

to: Michael Collins
from: James sterling archt

re: 490 Cong. St.

elevator shaft change from
masonry to fire retard. wood framing.

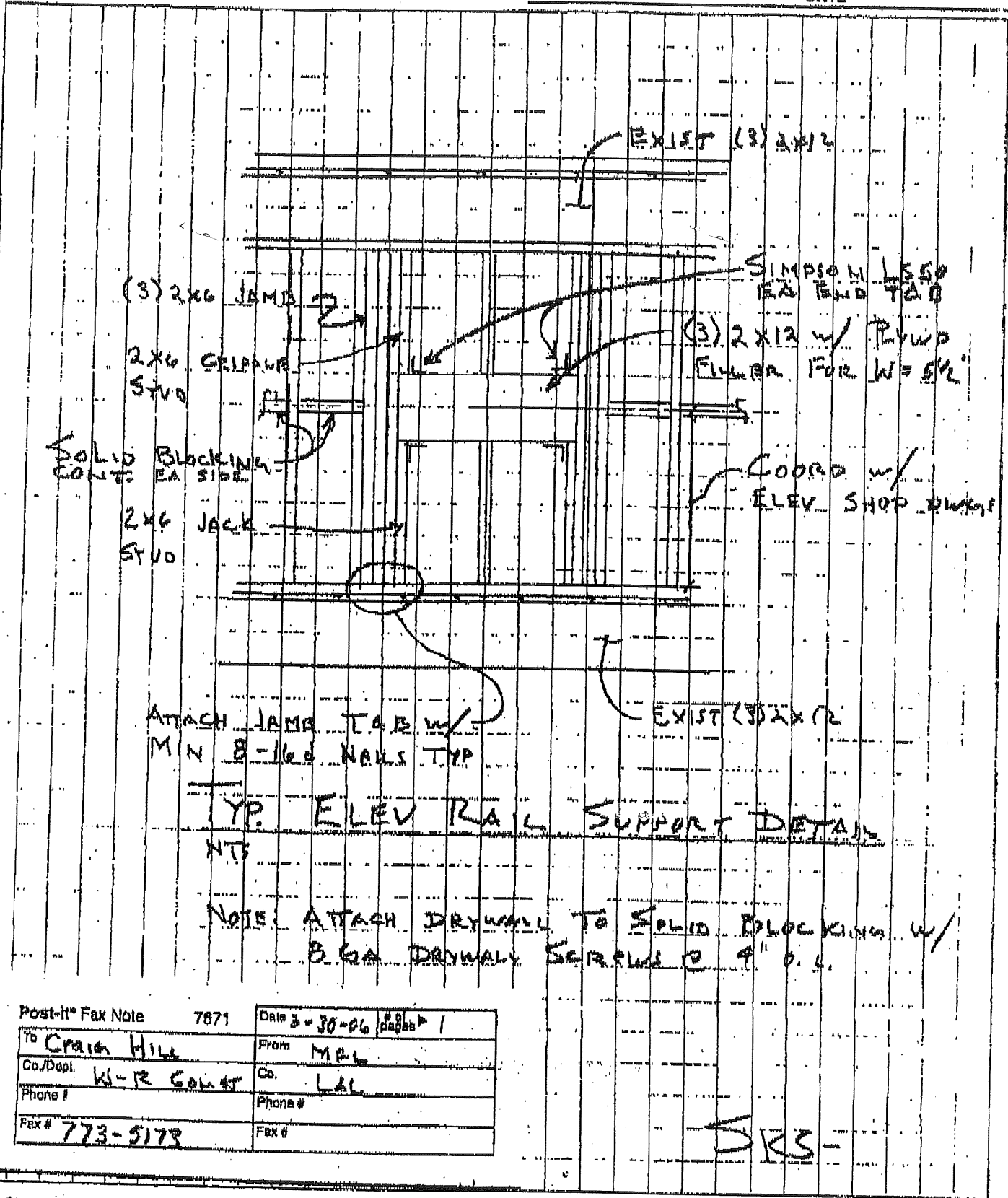
shaft meets UL rating 301 (2 hour)

Handwritten signature and scribbles

**L & L STRUCTURAL
ENGINEERING SERVICES, INC.**

Six Q Street
South Portland, Maine 04106
Phone: (207) 787-4830
Fax: (207) 788-6432
e-mail: lmeasure@l-l-eng.com

PROJECT 490 Coner
SHEET NO. 1 OF _____
CALCULATED BY: MFL DATE 3-30-06
CHECKED BY _____ DATE _____



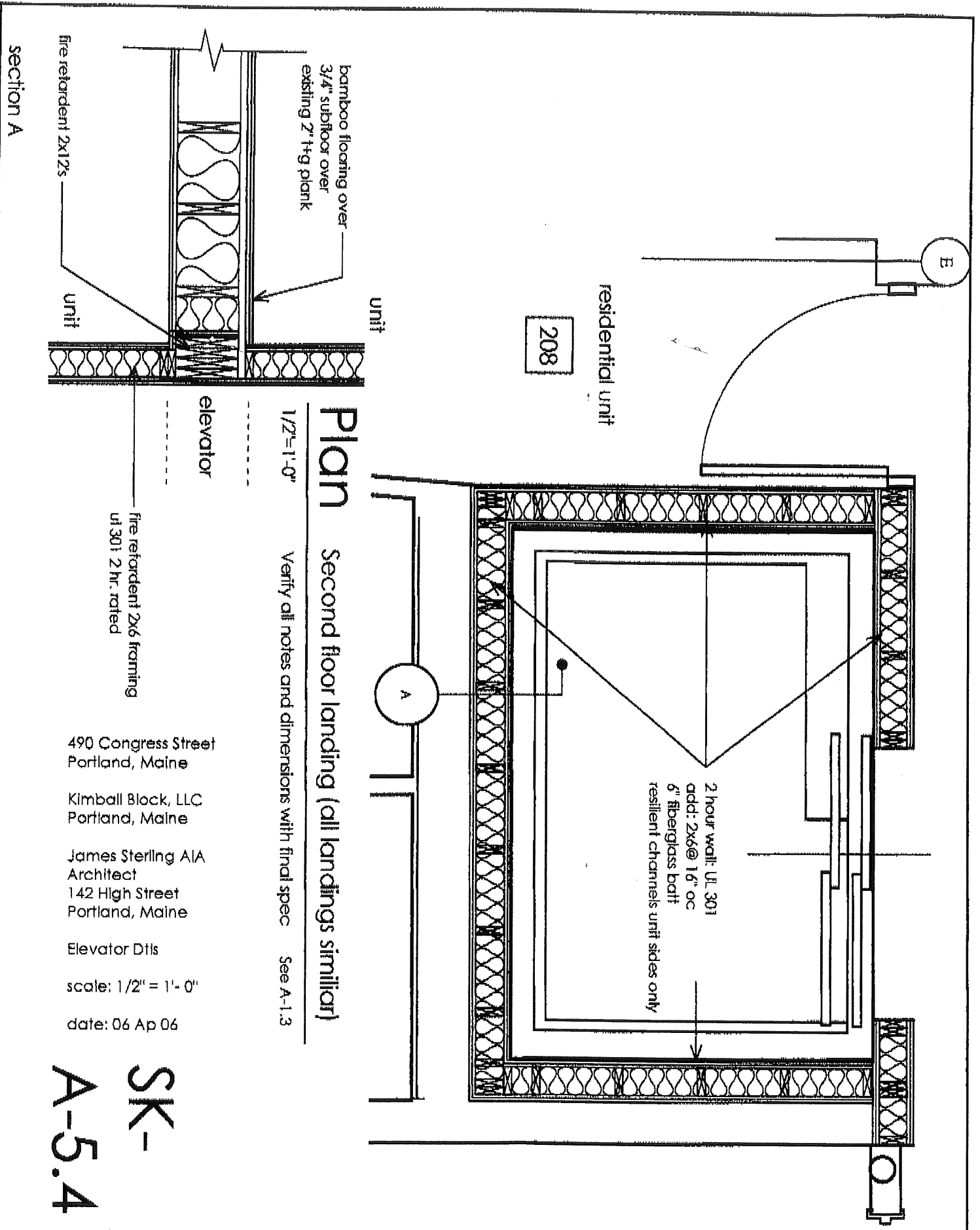
ATTACH JAMB TAB w/
MIN 8-16d NAILS TYP

TYP. ELEV RAIL SUPPORT DETAIL
NTS

NOTE: ATTACH DRYWALL TO SOLID BLOCKING w/
8 GA DRYWALL SCREWS @ 9" O.C.

Post-It® Fax Note	7871	Date	3-30-06	Page #	1
To	CRAIN HILL	From	MFL		
Co./Dept.	W-R CONCR	Co.	LAL		
Phone #		Phone #			
Fax #	773-5173	Fax #			

SRS-



490 Congress Street
Portland, Maine

Kimball Block, LLC
Portland, Maine

James Sterling AIA
Architect
142 High Street
Portland, Maine

Elevator Dtls

scale: 1/2" = 1'-0"

date: 06 Ap 06

SK-
A-5.4

FIRE ALARM TEST/INSTALLATION ACKNOWLEDGEMENT

038 Food PAGE ____ OF ____

tyco / Fire & Security / **SimplexGrinnell**

SR# 22402643 Service
SR# 22753191 Ekw. Insp.

20 Thomas Drive
Westbrook, ME 04092
P. 207-842-6440 F. 207-842-6439

DISTRICT 147		SERVICE AT CUSTOMER NUMBER		SITE AND PROJECT NO.		TR ARRIVAL DATE 01/13/00		TR COMP. DATE 01/13/00		NON-BILL	SVC. CODE	MIN	TRACT
NAME Memie				INSP. DATE 01/10		CUSTOMER P.O.		AND/OR		CUSTOMER CONTACT NAME (PRINT)			
ADDRESS (OR ATTN. OF) 245-251 Commercial St				SERVICE CODE 2 Ekw.		LBR - REG.		TRAV - REG.		LBR - OT		TRAV - OT	
ADDRESS Portland ME				WARRANTY CODE 4 Service		LBR - REG.		TRAV - REG.		LBR - OT		TRAV - OT	
CITY STATE ZIP				TLP CODE		LBR - REG.		TRAV - REG.		LBR - OT		TRAV - OT	
				RESOLUTION CODE									

CONTROL PANEL			
MANUFACTURER Simplex		MODEL NO. 4010	
TYPE OF SIGNALING		POWER SOURCE	
<input type="checkbox"/> GENERAL ALARM <input checked="" type="checkbox"/> SELECTIVE SIGNALS <input type="checkbox"/> CODED <input type="checkbox"/> PRE-SIGNAL		CIR. BRKR. LOCATION NO. LOCKED CIR. BRKR. <input type="checkbox"/> Y <input type="checkbox"/> N	
BATTERIES		TROUBLE CONDITIONS	
VOLTAGE WITH CHARGER <input type="checkbox"/> <input type="checkbox"/> NORM _____ VOLTS VOLT WITHOUT CHARGER <input type="checkbox"/> <input type="checkbox"/> N/A _____ % CHARGED		RESPONSE TO: ZONE TROUBLE <input type="checkbox"/> <input type="checkbox"/> NOTE # SIGNAL TROUBLE <input checked="" type="checkbox"/> <input type="checkbox"/> NOTE # AC/OP POWER LOSS <input checked="" type="checkbox"/> <input type="checkbox"/> NOTE # EARTH GROUND <input type="checkbox"/> <input type="checkbox"/> NOTE #	
CUSTOMER OPERATING INSTRUCTIONS PROVIDED TO:		STR. TR. SIGNATURE John Hale	
CUSTOMER SIGNATURE [Signature]		FIRE ALARM LICENSE NO. - STATE CERTIFICATION NO. 1949	
SEE NOTATION NO.		THE SIMPLEXGRINNELL-SUPPLIED EQUIPMENT FOR THIS SYSTEM WAS TESTED AND FOUND OPERATIONAL. THE WARRANTY BEGINS ON	
		1 MONTH 13 DAY 10 YEAR SIGNALS SOUNDED PER CUSTOMER REQUEST <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	

AUXILIARY FUNCTIONS			
ANNUNCIATOR		DOOR HOLDERS	
MFGR. SERIAL MODEL WIRING DIAGRAM		DOOR RELEASE DEVICES, INCLUDING CLOSERS AND LATCHES <input checked="" type="checkbox"/> NORM <input type="checkbox"/> QTY. <input type="checkbox"/> NOTE # <input type="checkbox"/> N/A	
TYPE <input type="checkbox"/> INCAND. <input type="checkbox"/> GRAPHIC <input type="checkbox"/> CRT <input type="checkbox"/> LED <input type="checkbox"/> DROP		ELEVATOR FIRE RECALL RECALL TO PRIMARY FLOOR <input checked="" type="checkbox"/> <input type="checkbox"/> NOTE # <input type="checkbox"/> N/A RECALL TO ALTERNATE FLOOR <input checked="" type="checkbox"/> <input type="checkbox"/> NOTE # <input type="checkbox"/> N/A	
AUX FUNCTIONS <input type="checkbox"/> LAMP TEST <input type="checkbox"/> REMOTE RESET <input type="checkbox"/> DRILL SW <input type="checkbox"/> REMOTE ACK.		HVAC SHUTDOWN AIR HANDLER SHUTDOWN <input type="checkbox"/> <input type="checkbox"/> NOTE # <input type="checkbox"/> QTY. AIRHANDLER(S) RESTART FROM SHUTDOWN AUTOMATICALLY <input type="checkbox"/> Y <input type="checkbox"/> N	
SPECIAL LIST ANY UNIQUE FUNCTIONS CONSIDERATIONS TO BE AWARE OF BEFORE TESTING			
CITY CONNECTION OR		OFFICIAL CONTACTED	
CITY RESPONSE TO ALARM <input type="checkbox"/> NORM <input type="checkbox"/> NOTE #		1. Added new devices to suite 204	
CITY RESPONSE TO TROUBLE <input checked="" type="checkbox"/> NORM <input type="checkbox"/> NOTE #		2. Did elevator test at same time.	
LOCAL FIRE DEPT./CENTRAL STATION Protection One		3.	

MPX/TPR CHECKLIST		PERIPHERAL/PARTS USED							THE NUMBER OF PERIPHERAL DEVICES TESTED IS:											
MODEL NO.	THE FOLLOWING TRANSPONDERS FAILED THE TEST	ITEM	PRODUCT I.D.	QTY.	INV. LOC./SEQ.	NC	USG.	UNIT PRICE	STATIONS	HEAT DETECTORS	SMOKE DETECTORS	ANNUNCIATORS	DUCT DETECTOR	HORN(S)	BELLS	CHIMES	SPRINKLER SYST.	NURSE CALL	TYPE PROGRAM	VOICE MESSAGE
NO. OF XPNDRS TESTED	LOCATION NOTE #	1								2	13			2	3					
POWER SUPPLY VOLTAGE NOTE #	LOCATION NOTE #	2																		
<input type="checkbox"/> NORM		3																		
CHARGER VOLTAGE NOTE #	LOCATION NOTE #	4																		
<input type="checkbox"/> NORM		5																		
GROUND FAULT NOTE #	LOCATION NOTE #	6																		
<input type="checkbox"/> Y <input type="checkbox"/> N		7																		
BATTERIES VOLTAGE NOTE #	LOCATION NOTE #	8																		
<input type="checkbox"/> NORM																				
POINTS TESTED NOTE #	LOCATION NOTE #																			
<input type="checkbox"/> NORM																				
OTHER NOTE #	LOCATION NOTE #																			
PRINTERS NOTE #	CRT'S NOTE #																			
<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N																			

FAILURES AND SYSTEM DEVIATIONS FROM NFPA STANDARDS:			
<input checked="" type="checkbox"/> None <input type="checkbox"/> As Follows (describe fully)			
PROBLEM CODE		CORRECTIVE ACTION	
RELATED TR		RELATED CALL #	
CLOSE DATE		SERV. COMPL.	
RSN			

FIRE ALARM SYSTEM RECORD OF COMPLETION

To be completed by the system installation contractor at the time of system acceptance and approval.

1. PROTECTED PROPERTY INFORMATION

Name of property: Home
Address: 101 Main Street, Boston, MA
Description of property: Residential
Occupancy type: Single-Family
Name of property representative: _____
Address: _____
Phone: _____ Fax: _____ E-mail: _____
Authority having jurisdiction over this property: _____
Phone: _____ Fax: _____ E-mail: _____

2. FIRE ALARM SYSTEM INSTALLATION, SERVICE, AND TESTING INFORMATION

Installation contractor for this equipment: ABC Fire Alarm
Address: _____
Phone: _____ Fax: _____ E-mail: _____
Service organization for this equipment: ABC Fire Alarm
Address: _____
Phone: 555-1234 Fax: _____ E-mail: _____
Location of as-built drawings: _____ Location of historical test reports: _____
Location of system operation and maintenance manuals: _____
A contract for test and inspection in accordance with NFPA standards is in effect as of _____
Contracted testing company: _____
Address: _____
Phone: _____ Fax: _____ E-mail: _____
Contract expires: _____ Contract number: _____ Frequency of routine inspections: _____

3. TYPE OF FIRE ALARM SYSTEM OR SERVICE

NFPA 72 Chapter Reference of System Type: _____
Name of organization receiving alarm signals with phone numbers (if applicable):
Alarm: ABC Fire Alarm Phone: 555-1234
Supervisory: _____ Phone: _____
Trouble: _____ Phone: _____
Entity to which alarms are retransmitted: _____ Phone: _____
Method of retransmission of alarms to that organization or location: _____

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INSTALLATION SERVICE ACKNOWLEDGEMENT



PAGE _____ OF _____

BOOK # _____
 TASK # _____

PROJECT NAME: Menic Suite 204 + 4th FR
 ADDRESS (OR ATTN. OF): 245-251 Commercial St
 ADDRESS: _____
 CITY: Portland STATE: ME ZIP: _____
 TR ARRIVAL DATE: 01/13/10 BILL: _____ NON-BILL: _____ CUSTOMER P.O.: _____

LABOR - REG	LABOR - OT	LABOR - DT					
TRAVEL - REG	TRAVEL - OT	TRAVEL - DT					LBR PER QUOTE
INV TO BR	LIST PARTS	INSP. MONTH					PAID AMOUNT
CUSTOMER PURCHASE ORDER							

ITEM	PRODUCT I.D.	SERIAL # / DESCRIPTION	QTY.	INV. LOC/SEQ.	NC	USG.	UNIT PRICE
1							
2							
3							
4							
5							

SERV COMPL Y/N: _____ RSN: _____ Sch F/U: _____ DATE: _____ TIME: _____ Proj. No.: _____ - _____ - _____

Invoice Comment: _____

JOBSITE INFORMATION

Installer/Contractor: JT Haymen Contact: Brent Phone #: 446-2297
 Purpose of Visit/Points Discussed: Install new devices for suite 204 & 4th FR Restrooms.

SimplexGrinnell Action Items: Program & test new devices. All new devices tested. System normal on departure.

Installer/Customer Action Items: No Items.

Brent Imbox
Print Customer Name
[Signature]
Customer Signature / Date

John Hale
Print SimplexGrinnell Representative Name and Number
[Signature]
SimplexGrinnell Representative Signature / Date

--	--	--	--	--	--	--	--	--	--

A Tyco International Company

TR #

1949

TASK/CALL #

2240 2643

20 Thomas Drive
Westbrook, ME 04092
P 207-842-6440 F 207-842-6450

LICENSE #

PROJECT #

NAME <i>Memic</i>					
ADDRESS (OR ATTENTION OF) <i>245 587 Commercial St</i>					
ADDRESS <i>Portland ME</i>					
CITY		STATE		ZIP	
TR ARRIVAL DATE	BILL.	NON-BILL.	SERV. COMPL.	ACE CODE	NAT. ACCT.
<i>01/13/02</i>					

CUSTOMER PURCHASE ORDER					
LABOR - REG.	LABOR - OT	LABOR - DT	TRAVEL - REG.	TRAVEL - OT	TRAVEL - DT
MIN.			INSP. MONTH		
PHONE			MILES		

"PUT CUSTOMER STAMP ON ALL 3 PAGES"

NAME (BILL TO)					
ADDRESS					
CITY		STATE		ZIP	

WE STRONGLY RECOMMEND IMMEDIATE CORRECTION OF ANY DEFICIENCIES/IMPAIRMENTS IDENTIFIED. WE URGE YOU TO NOTIFY THE LOCAL AUTHORITY HAVING JURISDICTION AND YOUR INSURANCE CARRIER WITHOUT DELAY.
SimplexGrinnell, proposes to furnish the work, and/or materials hereinafter described, subject to the terms and conditions outlined below.


I authorize SimplexGrinnell to proceed with the work as agreed to and outlined below:

Customer signature _____ Date _____

PAYMENT TERMS <input type="checkbox"/> Time and Material		<input type="checkbox"/> Price Not to Exceed \$ _____		<input checked="" type="checkbox"/> Fixed Price of \$ _____		IMMEDIATE <input type="checkbox"/> COD <input type="checkbox"/> NET 10 <input type="checkbox"/>	
DEPOSIT \$ _____		BALANCE DUE \$ _____		<input type="checkbox"/> BILLABLE		<input type="checkbox"/> NON-BILLABLE	

SCOPE OF WORK / PROBLEM CODE *Program 4 x4 New Devices in work order*

WORK PERFORMED / RESOLUTION CODE *Program 4 x4 New Devices in work order System worked on Program*

GRP	PRODUCT I.D.	SERIAL # / DESCRIPTION	QTY.	COST	NO.	USG.	UNIT PRICE
		<i>ADDC 241 1/2 hrs</i>	<i>1</i>				
		<i>new Service Parts</i>	<i>6</i>				
		<i>Service Tools</i>	<i>6</i>				
		<i>AV</i>	<i>3.0</i>				
		<i>V</i>	<i>1</i>				

SYSTEM TYPE/LOCATION	CONTACT NAME	TOTALS
----------------------	--------------	--------

IMPORTANT NOTICE TO CUSTOMER
Customer acknowledges and agrees to the terms and conditions on the reverse side of this Service Request, agrees that the services have been completed to Customer's satisfaction and that the system is in good working order and repair, unless services performed were of a temporary nature, in which case Customer acknowledges that part of customer's system may have been bypassed or is otherwise inoperable until service can be completed. CUSTOMER'S ATTENTION IS DIRECTED TO THE LIMITATION OF LIABILITY, WARRANTY, INDEMNITY AND OTHER CONDITIONS ON THE REVERSE SIDE.

CUSTOMER ACCEPTANCE

(Customer Acceptance)

(Print Name)

SIMPLEXGRINNELL LP

(SimplexGrinnell Representative)

(Print Name)

3. TYPE OF FIRE ALARM SYSTEM OR SERVICE (continued)

If Chapter 8, note the means of transmission from the protected premises to the central station:

- Digital alarm communicator McCulloh Multiplex 2-way radio 1-way radio N/A

If Chapter 9, note the type of connection: Local energy Shunt N/A

3.1 System Software

Operating system (executive) software revision level: _____

Site-specific software revision date: _____ Revision completed by: _____

4. SIGNALING LINE CIRCUITS

Characteristics of signaling line circuits connected to this system (see NFPA 72, Table 6.6.1):

Quantity: _____ Style: _____ Class: _____

5. ALARM-INITIATING DEVICES AND CIRCUITS

Characteristics of initiating device circuits connected to this system (see NFPA 72, Table 6.5):

Quantity: _____ Style: _____ Class: _____

5.1 Manual initiating devices

5.1.1 Manual Pull Stations

Number of manual pull stations: _____

Type of devices: Addressable Conventional Coded Transmitter N/A

5.2 Automatic Initiating Devices

5.2.1 Area Smoke Detectors

Number of smoke detectors: _____

Type of coverage: Complete area Partial area Nonrequired partial area N/A

Type of devices: Addressable Conventional Coded Transmitter N/A

Type of smoke detector sensing technology: Ionization Photoelectric

5.2.2 Duct Smoke Detectors

Number of duct smoke detectors: _____

Type of coverage: _____

Type of devices: Addressable Conventional Coded Transmitter N/A

Type of smoke detector sensing technology: Ionization Photoelectric

5.2.3 Heat Detectors

Number of heat detectors: _____

Type of coverage: Complete area Partial area Nonrequired partial area N/A

Type of devices: Addressable Conventional Coded Transmitter N/A

5.2.4 Sprinkler Waterflow Detectors

Number of waterflow detectors: _____

Type of devices: Addressable Conventional Coded Transmitter N/A

5.2.5 Alarm Verification

Number of devices subject to alarm verification: _____

Alarm verification on this system is: Enabled Disabled Set for _____ seconds

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6. SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUITS

6.1 Sprinkler System

Number of valve supervisory switches: _____

Type of devices: Addressable Conventional Coded Transmitter N/A

6.2 Fire Pump

Type of fire pump: Electrical Diesel

Type of pump supervisory devices: Addressable Conventional Coded Transmitter N/A

Fire Pump Functions Supervised

Fire pump power Fire pump running Fire pump phase reversal Selector switch not in auto

Engine or control panel trouble Low fuel

Other: _____

6.3 Engine-Driven Generator

Type of generator supervisory devices: Addressable Conventional Coded Transmitter N/A

Engine or control panel trouble Generator running Selector switch not in auto Low fuel

Other: _____

7. ANNUNCIATORS

7.1 Annunciator 1 Local Remote

Type: Addressable Directory Graphic N/A Location: _____

7.2 Annunciator 2 Local Remote

Type: Addressable Directory Graphic N/A Location: _____

7.3 Annunciator 3 Local Remote

Type: Addressable Directory Graphic N/A Location: _____

8. ALARM NOTIFICATION DEVICES AND CIRCUITS

8.1 Emergency Voice Alarm Service

Number of single voice alarm channels: _____ Number of multiple voice alarm channels: _____

Number of speakers: _____ Number of speaker zones: _____

8.2 Telephone Jacks

Number of telephone jacks installed: _____ Number of telephone handsets stored on site: _____

Type of telephone system installed: Electrically powered Sound powered N/A

8.3 Nonvoice Audible System

Characteristics of notification device circuits connected to this system (see NFPA 72, Table 6.5):

Quantity: _____ Style: _____ Class: _____

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8. ALARM NOTIFICATION DEVICES AND CIRCUITS (continued)

8.4 Types and Quantities of Nonvoice Notification Appliances Installed

Bells: _____ With visual device _____ Horns: _____ With visual device: _____
 Chimes: _____ With visual device _____ Bells: _____ With visual device: _____
 Visual devices without audible devices: _____ Other (describe): _____

9. EMERGENCY CONTROL FUNCTIONS ACTIVATED

- Hold-open door releasing devices
- Smoke management or smoke control
- Door unlocking
- Elevator recall
- Other

10. SYSTEM POWER SUPPLY

10.1 Primary Power

Nominal voltage 120V Amps 20
 Overcurrent protection: Type _____ Amps _____
 Location (of primary supply panelboard): _____
 Disconnecting means location: _____

10.2 Secondary Power

Location: _____ Type: _____ Nominal voltage: _____ Current rating: _____
 Number of standby batteries: 2 Amp hour rating: 2000
 Location of emergency generator: _____
 Location of fuel storage: _____
 Calculated capacity of secondary power to drive the system
 In standby mode: _____ In alarm mode: _____

11. RECORD OF SYSTEM INSTALLATION

Fill out after all installation is complete and wiring has been checked for opens, shorts, ground faults, and improper branching, but before conducting operational acceptance tests.

The system has been installed in accordance with the following NFPA standards: (Note any or all that apply.)

- NFPA 72
- NFPA 70, National Electrical Code, Article 760
- Manufacturer's published instructions
- Other (please specify): _____

System deviations from referenced NFPA standards: _____

Signed: _____ Printed name: _____ Date: _____
 Organization: _____ Title: _____ Phone: _____

12. RECORD OF SYSTEM OPERATION

All operational features and functions of this system were tested by or in the presence of the signer shown below, on the date shown below, and were found to be operating properly in accordance with the requirements of:

- NFPA 72
- NFPA 70, National Electrical Code, Article 760
- Manufacturer's published instructions
- Other (please specify): _____

Documentation in accordance with Inspection and Testing Form (Figure 10.6.2.3) is attached

Signed: _____ Printed name: _____ Date: _____
 Organization: _____ Title: _____ Phone: _____

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13. CERTIFICATIONS AND APPROVALS

13.1 System Installation Contractor

This system as specified herein has been installed and tested according to all NFPA standards cited herein.

Signed: _____ Printed name: _____ Date: _____

Organization: _____ Title: _____ Phone: _____

13.2 System Service Contractor

This system as specified herein has been installed and tested according to all NFPA standards cited herein.

Signed: _____ Printed name: _____ Date: _____

Organization: _____ Title: _____ Phone: _____

13.3 Central Station

This system as specified herein will be monitored according to all NFPA standards cited herein.

Signed: _____ Printed name: _____ Date: _____

Organization: _____ Title: _____ Phone: _____

13.4 Property Representative

I accept this system as having been installed and tested to its specifications and all NFPA standards cited herein.

Signed: _____ Printed name: _____ Date: _____

Organization: _____ Title: _____ Phone: _____

13.5 Authority Having Jurisdiction

I have witnessed a satisfactory acceptance test of this system and find it to be installed and operating properly in accordance with its approved plans and specifications, its approved sequence of operations, and with all NFPA standards cited herein.

Signed: _____ Printed name: _____ Date: _____

Organization: _____ Title: _____ Phone: _____

Accepted on 10/10/07 at 10:00 AM by [Signature] Fire Department

FIRE ALARM SYSTEM RECORD OF COMPLETION

To be completed by the system installation contractor at the time of system acceptance and approval.

1. PROTECTED PROPERTY INFORMATION

Name of property: Merco
Address: 1000 State Street Portland ME
Description of property: warehouse
Occupancy type: warehouse
Name of property representative: [Signature]
Address: [Signature]
Phone: [Signature] Fax: [Signature] E-mail: [Signature]
Authority having jurisdiction over this property: [Signature]
Phone: [Signature] Fax: [Signature] E-mail: [Signature]

2. FIRE ALARM SYSTEM INSTALLATION, SERVICE, AND TESTING INFORMATION

Installation contractor for this equipment: ST Higgins
Address: [Signature]
Phone: [Signature] Fax: [Signature] E-mail: [Signature]
Service organization for this equipment: Underhill
Address: 10 Thomas Street Underhill ME
Phone: 800-6770 Fax: [Signature] E-mail: [Signature]
Location of as-built drawings: [Signature] Location of historical test reports: [Signature]
Location of system operation and maintenance manuals: [Signature]
A contract for test and inspection in accordance with NFPA standards is in effect as of [Signature]
Contracted testing company: [Signature]
Address: [Signature]
Phone: [Signature] Fax: [Signature] E-mail: [Signature]
Contract expires: [Signature] Contract number: [Signature] Frequency of routine inspections: [Signature]

3. TYPE OF FIRE ALARM SYSTEM OR SERVICE

NFPA 72 Chapter Reference of System Type: [Signature]
Name of organization receiving alarm signals with phone numbers (if applicable):
Alarm: [Signature] Phone: 1-800-91-5102
Supervisory: [Signature] Phone: [Signature]
Trouble: [Signature] Phone: [Signature]
Entity to which alarms are retransmitted: [Signature] Phone: [Signature]
Method of retransmission of alarms to that organization or location: [Signature]

3. TYPE OF FIRE ALARM SYSTEM OR SERVICE (continued)

If Chapter 8, note the means of transmission from the protected premises to the central station:

- Digital alarm communicator McCulloh Multiplex 2-way radio 1-way radio N/A

If Chapter 9, note the type of connection: Local energy Shunt N/A

3.1 System Software

Operating system (executive) software revision level: 4.16 2010

Site-specific software revision date: 1-10-10 Revision completed by: SPH

4. SIGNALING LINE CIRCUITS 1000

Characteristics of signaling line circuits connected to this system (see NFPA 72, Table 6.6.1):

Quantity: 1 Style: _____ Class: 6

5. ALARM-INITIATING DEVICES AND CIRCUITS

Characteristics of initiating device circuits connected to this system (see NFPA 72, Table 6.5):

Quantity: _____ Style: _____ Class: _____

5.1 Manual initiating devices

5.1.1 Manual Pull Stations 2000 0-4 Number of manual pull stations: 1

Type of devices: Addressable Conventional Coded Transmitter N/A

5.2 Automatic Initiating Devices

5.2.1 Area Smoke Detectors 2000 0-4 Number of smoke detectors: 2

Type of coverage: Complete area Partial area Nonrequired partial area N/A

Type of devices: Addressable Conventional Coded Transmitter N/A

Type of smoke detector sensing technology: Ionization Photoelectric

5.2.2 Duct Smoke Detectors Number of duct smoke detectors: _____

Type of coverage: _____

Type of devices: Addressable Conventional Coded Transmitter N/A

Type of smoke detector sensing technology: Ionization Photoelectric

5.2.3 Heat Detectors Number of heat detectors: _____

Type of coverage: Complete area Partial area Nonrequired partial area N/A

Type of devices: Addressable Conventional Coded Transmitter N/A

5.2.4 Sprinkler Waterflow Detectors Number of waterflow detectors: _____

Type of devices: Addressable Conventional Coded Transmitter N/A

5.2.5 Alarm Verification Number of devices subject to alarm verification: _____

Alarm verification on this system is: Enabled Disabled Set for _____ seconds

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6. SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUITS

6.1 Sprinkler System

Number of valve supervisory switches: _____

Type of devices: Addressable Conventional Coded Transmitter N/A

6.2 Fire Pump

Type of fire pump: Electrical Diesel

Type of pump supervisory devices: Addressable Conventional Coded Transmitter N/A

Fire Pump Functions Supervised

Fire pump power Fire pump running Fire pump phase reversal Selector switch not in auto

Engine or control panel trouble Low fuel

Other: _____

6.3 Engine-Driven Generator

Type of generator supervisory devices: Addressable Conventional Coded Transmitter N/A

Engine or control panel trouble Generator running Selector switch not in auto Low fuel

Other: _____

7. ANNUNCIATORS

7.1 Annunciator 1

Local Remote

Type: Addressable Directory Graphic N/A Location: _____

7.2 Annunciator 2

Local Remote

Type: Addressable Directory Graphic N/A Location: _____

7.3 Annunciator 3

Local Remote

Type: Addressable Directory Graphic N/A Location: _____

8. ALARM NOTIFICATION DEVICES AND CIRCUITS

8.1 Emergency Voice Alarm Service

Number of single voice alarm channels: _____ Number of multiple voice alarm channels: _____

Number of speakers: _____ Number of speaker zones: _____

8.2 Telephone Jacks

Number of telephone jacks installed: _____ Number of telephone handsets stored on site: _____

Type of telephone system installed: Electrically powered Sound powered N/A

8.3 Nonvoice Audible System

Characteristics of notification device circuits connected to this system (see NFPA 72, Table 6.5):

Quantity: _____ Style: _____ Class: _____

8. ALARM NOTIFICATION DEVICES AND CIRCUITS (continued)

8.4 Types and Quantities of Nonvoice Notification Appliances Installed

Bells: _____ With visual device _____ Horns: _____ With visual device: 2
 Chimes: _____ With visual device _____ Bells: _____ With visual device: _____
 Visual devices without audible devices: 3 Other (describe): _____

9. EMERGENCY CONTROL FUNCTIONS ACTIVATED

- Hold-open door releasing devices Smoke management or smoke control
 Door unlocking Elevator recall Other

10. SYSTEM POWER SUPPLY

10.1 Primary Power

Nominal voltage 120v Amps 20
 Overcurrent protection: Type _____ Amps _____
 Location (of primary supply panelboard): _____
 Disconnecting means location: _____

10.2 Secondary Power

Location: _____ Type: _____ Nominal voltage: _____ Current rating: _____
 Number of standby batteries: 2 Amp hour rating: 100 AH
 Location of emergency generator: _____
 Location of fuel storage: _____
 Calculated capacity of secondary power to drive the system
 In standby mode: _____ In alarm mode: _____

11. RECORD OF SYSTEM INSTALLATION

Fill out after all installation is complete and wiring has been checked for opens, shorts, ground faults, and improper branching, but before conducting operational acceptance tests.

The system has been installed in accordance with the following NFPA standards: (Note any or all that apply.)

- NFPA 72 NFPA 70, National Electrical Code, Article 760
 Manufacturer's published instructions Other (please specify): _____

System deviations from referenced NFPA standards: _____

Signed: _____ Printed name: _____ Date: _____
 Organization: _____ Title: _____ Phone: _____

12. RECORD OF SYSTEM OPERATION

All operational features and functions of this system were tested by or in the presence of the signer shown below, on the date shown below, and were found to be operating properly in accordance with the requirements of:

- NFPA 72 NFPA 70, National Electrical Code, Article 760
 Manufacturer's published instructions Other (please specify): _____

Documentation in accordance with Inspection and Testing Form (Figure 10.6.2.3) is attached

Signed: [Signature] Printed name: John H. [Signature] Date: 1-13-10
 Organization: [Signature] Title: T.C. Phone: 842 6470

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13. CERTIFICATIONS AND APPROVALS

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This system as specified herein has been installed and tested according to all NFPA standards cited herein.

Signed: _____ Printed name: _____ Date: _____

Organization: _____ Title: _____ Phone: _____

13.2 System Service Contractor

This system as specified herein has been installed and tested according to all NFPA standards cited herein.

Signed: _____ Printed name: _____ Date: _____

Organization: _____ Title: _____ Phone: _____

13.3 Central Station

This system as specified herein will be monitored according to all NFPA standards cited herein.

Signed: _____ Printed name: _____ Date: _____

Organization: _____ Title: _____ Phone: _____

13.4 Property Representative

I accept this system as having been installed and tested to its specifications and all NFPA standards cited herein.

Signed: _____ Printed name: _____ Date: _____

Organization: _____ Title: _____ Phone: _____

13.5 Authority Having Jurisdiction

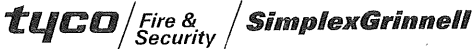
I have witnessed a satisfactory acceptance test of this system and find it to be installed and operating properly in accordance with its approved plans and specifications, its approved sequence of operations, and with all NFPA standards cited herein.

Signed: _____ Printed name: _____ Date: _____

Organization: _____ Title: _____ Phone: _____

Handwritten signature and notes in cursive script, including the word "Contract" and other illegible text.

FIRE ALARM TEST/INSTALLATION ACKNOWLEDGEMENT



20 Thomas Drive
Westbrook, ME 04092
P: 207-642-6441 F: 207-642-6430

BOOK #	SEQ. #
CALL #	

SITE AND PROJECT NO.	TR ARRIVAL DATE	TR COMP. DATE	NON-BILL	SVC. CODE	MIN	TRACT
----------------------	-----------------	---------------	----------	-----------	-----	-------

DISTRICT	SERVICE AT CUSTOMER NUMBER	
NAME		
ADDRESS (OR ATTN. OF)		
ADDRESS		
CITY	STATE	ZIP

INSR. DATE	CUSTOMER P.O.	AND/OR	CUSTOMER CONTACT NAME (PRINT)		
SERVICE CODE	LBR - REG.	TRAV - REG.	LBR - OT	TRAV - OT	MILES
WARRANTY CODE	LBR - REG.	TRAV - REG.	LBR - OT	TRAV - OT	ARRIVAL
TLP CODE	LBR - REG.	TRAV - REG.	LBR - OT	TRAV - OT	DEPARTURE
RESOLUTION CODE					

CONTROL PANEL					
MANUFACTURER	MODEL NO.	SERIAL NO.	WIRING DIAG. NO.	SEQUENCE NO.	
TYPE OF SIGNALING			POWER SOURCE		
<input type="checkbox"/> GENERAL ALARM	<input type="checkbox"/> SELECTIVE SIGNALS	<input type="checkbox"/> CODED	<input type="checkbox"/> PRE-SIGNAL	CIR. BRKR. LOCATION NO.	
BATTERIES				TROUBLE CONDITIONS	
VOLTAGE WITH CHARGER		VOLTAGE WITHOUT CHARGER		RESPONSE TO: ZONE TROUBLE	
VOLTAGE WITH CHARGER		VOLTAGE WITHOUT CHARGER		SIGNAL TROUBLE	
VOLTAGE WITH CHARGER		VOLTAGE WITHOUT CHARGER		AC/OP POWER LOSS	
VOLTAGE WITH CHARGER		VOLTAGE WITHOUT CHARGER		EARTH GROUND	
CUSTOMER OPERATING INSTRUCTIONS PROVIDED TO:			STR TR 1 SIGNATURE		
CUSTOMER SIGNATURE			FIRE ALARM LICENSE NO. - STATE CERTIFICATION NO.		
SEE NOTATION NO.			SIGNALS SOUNDED PER CUSTOMER REQUEST		
THE SIMPLEXGRINNELL-SUPPLIED EQUIPMENT FOR THIS SYSTEM WAS TESTED AND FOUND OPERATIONAL. THE WARRANTY BEGINS ON			CUST. INIT.		

AUXILIARY FUNCTIONS					
ANNUNCIATOR		DOOR HOLDERS		ELEVATOR FIRE RECALL	
MFGR.	SERIAL	DOOR RELEASE DEVICES, INCLUDING CLOSERS AND LATCHES		RECALL TO PRIMARY FLOOR	
MODEL	WIRING DIAGRAM	<input checked="" type="checkbox"/> NORM <input type="checkbox"/> QTY. <input type="checkbox"/> NOTE # <input type="checkbox"/> N/A		<input type="checkbox"/> NORM <input type="checkbox"/> NOTE # <input type="checkbox"/> N/A	
TYPE	VOLTAGE	NO. OF ZONES	UNUSED PTS.	RECALL TO ALTERNATE FLOOR	
<input type="checkbox"/> INCAND. <input type="checkbox"/> GRAPHIC <input type="checkbox"/> CRT				<input checked="" type="checkbox"/> NORM <input type="checkbox"/> NOTE # <input type="checkbox"/> N/A	
<input type="checkbox"/> LED <input type="checkbox"/> DROP				ELEVATORS RESTART FROM FIRE SVC. SHUTDOWN AUTOMATICALLY <input type="checkbox"/> Y <input type="checkbox"/> N	
AUX FUNCTIONS	ADDITIONAL NOTES:		HVAC SHUTDOWN		AIR HANDLER(S) RESTART FROM SHUTDOWN AUTOMATICALLY <input type="checkbox"/> Y <input type="checkbox"/> N
<input type="checkbox"/> LAMP TEST <input type="checkbox"/> REMOTE RESET <input type="checkbox"/> DRILL SW <input type="checkbox"/> REMOTE ACK.			<input type="checkbox"/> NORM <input type="checkbox"/> NOTE # <input type="checkbox"/> QTY.		
SPECIAL LIST ANY UNIQUE FUNCTIONS CONSIDERATIONS TO BE AWARE OF BEFORE TESTING					
CITY CONNECTION OR	CITY RESPONSE TO ALARM	OFFICIAL CONTACTED		1.	
<input type="checkbox"/> NORM <input type="checkbox"/> NOTE #				2.	
CENTRAL STATION MONITORING	CITY RESPONSE TO TROUBLE	TIME OF DAY		3.	
<input checked="" type="checkbox"/> NORM <input type="checkbox"/> NOTE #					
LOCAL FIRE DEPT./CENTRAL STATION	F.D. BUS. PHONE NO./CENTRAL STATION				

MPX/TPR CHECKLIST		PERIPHERAL/PARTS USED							THE NUMBER OF PERIPHERAL DEVICES TESTED IS:			
MODEL NO.	THE FOLLOWING TRANSPONDERS FAILED THE TEST	ITEM	PRODUCT I.D.	QTY.	INV. LOC./SEQ.	NC	USG.	UNIT PRICE	TOTAL NO. OF DEVICES	No. Tested	I okay	X See below
NO. OF XPNDRS TESTED	LOCATION NOTE #	1							STATIONS			
POWER SUPPLY VOLTAGE NOTE #	LOCATION NOTE #	2							HEAT DETECTORS			
<input type="checkbox"/> NORM		3							SMOKE DETECTORS			
CHARGER VOLTAGE NOTE #	LOCATION NOTE #	4							ANNUNCIATORS			
<input type="checkbox"/> NORM		5							DUCT DETECTOR			
GROUND FAULT NOTE #	LOCATION NOTE #	6							HORNS			
<input type="checkbox"/> Y <input type="checkbox"/> N		7							BELLS			
BATTERIES VOLTAGE NOTE #	LOCATION NOTE #	8							CHIMES			
<input type="checkbox"/> NORM									SPRINKLER SYST.			
POINTS TESTED NOTE #	LOCATION NOTE #								NURSE CALL			
<input type="checkbox"/> NORM									TYPE PROGRAM			
OTHER NOTE #	LOCATION NOTE #								VOICE MESSAGE			
PRINTERS NOTE #	CRT'S NOTE #	OTHER NOTE #										
<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N											

FAILURES AND SYSTEM DEVIATIONS FROM NFPA STANDARDS:						<input checked="" type="checkbox"/> None	<input type="checkbox"/> As Follows (describe fully)
						RELATED TR	RELATED CALL #
						PROBLEM CODE	CORRECTIVE ACTION
						CLOSE DATE	SERV. COMPL.
							RSN

INSTALLATION SERVICE ACKNOWLEDGEMENT



PAGE _____ OF _____

BOOK # _____
 TASK # _____

VOID

PROJECT NAME			
ADDRESS (OR ATTN. OF)			
ADDRESS			
CITY		STATE	ZIP
TR ARRIVAL DATE	BILL	NON-BILL	CUSTOMER P.O.

LABOR - REG	LABOR - OT	LABOR - DT	
TRAVEL - REG	TRAVEL - OT	TRAVEL - DT	
INV TO BR	LIST PARTS	INSP. MONTH	
CUSTOMER PURCHASE ORDER			

LBR PER QUOTE
PAID AMOUNT

ITEM	PRODUCT I.D.	SERIAL # / DESCRIPTION	QTY.	INV. LOC/SEQ.	NC	USG.	UNIT PRICE
1							
2							
3							
4							
5							

SERV COMPL Y/N	RSN	Sch F/U	DATE	TIME	Proj. No.: _____ - _____
-------------------	-----	------------	------	------	--------------------------

Invoice Comment _____

JOBSITE INFORMATION

Installer/Contractor: _____ Contact: _____ Phone #: _____

Purpose of Visit/Points Discussed: _____

SimplexGrinnell Action Items: _____

Installer/Customer Action Items: _____

Print Customer Name _____ Customer Signature / Date	Print SimplexGrinnell Representative Name and Number _____ SimplexGrinnell Representative Signature / Date
---	--

INSTALLER