



RMSYS Onsite Monitoring Registration

Model RMS-700P Cell Dialer Pump Counter 120 VAC Dialer ID#: _____

EMAIL TO: info@rmsysinc.com OR FAX INFO TO: 832-201-6795

Maintenance Provider: DIALER MUST BE REGISTERED FOR MONITORING TO BE ACTIVE AT INSPECTION

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: (_____) _____ - _____

Email Address: _____

MONITORING SERVICE:

Annual service renewal is required.

This device comes with 1st year of service prepaid from date of registration.

Notification: Alarm Notifications are sent by E-mail and/or text message. NO VOICE CALLS ARE MADE.

Email address: _____ Cell number: _____ Carrier: _____

Email address: _____ Cell number: _____ Carrier: _____

Treatment System Monitoring Information:

Type Treatment System: _____

Type Distribution: _____

Manufacturer: _____

Model #: _____

Alarm #1 Desc.: _____

Alarm #2 Desc.: _____

Pump #A Desc.: _____

Pump #B Desc.: _____

Install Date: _____ / _____ / _____

Chlorinator: ☐ Liquid ☐ Tablet

Owner services chlorinator: ☐ No ☐ Yes

Other Disinfection Device: _____

Serial #: _____

Contact – 120 VAC: (Alarm Sets after 1 hour)

Contact – 120 VAC: (Alarm Sets after 1 hour)

Contact – 120 VAC: Pump A (with sensor used)

Contact – 120 VAC: Pump B (with sensor used)

The above information is posted into a secure Internet account for management tracking. With any active dialer account this is provided free. **Please select a user name and password to the right, and provide an e-mail address to return this information:**

User Name: _____

Password: _____

Email address: _____

Subscriber: Location Monitored (allow 1 business day to be activated)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____ County: _____

Customer Email: _____

Permitting Authority: _____

Permit Number: _____

Issue Date: _____

Scheduled Inspection date: _____

Submitted by: _____ Date: _____

Signature

Special Comments