



RMSYS Onsite Monitoring Registration

Model RMS-812 Cell Dialer 12 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: _____ | Chlorinator: <input type="checkbox"/> Liquid <input type="checkbox"/> Tablet |
| Type Distribution: _____ | Owner services chlorinator: <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Manufacturer: _____ | Other Disinfection Device: _____ |
| Model #: _____ | Serial #: _____ |
| Alarm #1 Desc.: _____ | Contact – 120 VAC: (Alarm Sets after 1 hour) |
| Alarm #2 Desc.: _____ | Contact – 120 VAC: (Alarm Sets after 1 hour) |
| Pump #A Desc.: _____ | Contact – 120 VAC: Pump A (with sensor used) |
| Pump #B Desc.: _____ | Contact – 120 VAC: Pump B (with sensor used) |
| Install Date: _____ / _____ / _____ | |

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)

Special Comments

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone number: _____ County: _____
Customer Email: _____
Permitting Authority: _____
Permit Number: _____
Issue Date: _____
Scheduled Inspection date: _____
Submitted by: _____ Date: _____

Signature