

EMERGENCY POWER LOWERING SYSTEM

Company Name _____

Address _____

City _____ State _____ Zip _____

Date _____ Company Rep. _____

Phone _____ Cell _____ Fax _____

E-mail _____ E-fax _____

MODEL 850

Building Name							
Controller Type							
No. of Cars				Is Job Print Available?			
				<input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Simplex		<input type="checkbox"/> Duplex		<input type="checkbox"/> Triplex		<input type="checkbox"/> Group	
Code Source: A.N.S.I.				What is your normal return landing?			
NOTE: IS SYSTEM A GENERATOR BACKUP? <input type="checkbox"/> Yes <input type="checkbox"/> No (Model 850 will not run on battery backup)							

**COMPLETE FORM AND FAX TO 954-933-4185
OR**