



SCHEDULE A

INFORMATION ON CENTRAL STATION

Monitored Property/System Address

Central Station Name _____

Address _____

Type of system monitored:

Fire alarm system

Sprinkler system

Nature of monitoring signal:

Alarm

Trouble

Supervisory

Reason for monitoring (select one):

Manitoba Building Code requirements

C of W By-law #4304/86 requirements

Req'd. for licensed care facility sprinkler system

Other (insurance, industry regulations, etc.)

Verification Agency Name _____

Address _____

Authorized by (please print) _____

Position _____

Signed _____ Date _____

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