

Please return to: ✉ sales@visualverification.com
Or ☎ 0844 415 5555

Monitored Premises Information			
Site Name			
Site Contact Name			
Full Postcode		☎ Site Telephone	

Maintenance / Installation Company Information			
Company Name			
Contact Name			
☎ Telephone		☎ Fax:	

New Transmission Equipment			
Adpro/Xtralis <input type="checkbox"/> Dedicated Micros <input type="checkbox"/> Heitel <input type="checkbox"/> Hikvision <input type="checkbox"/> Videcon <input type="checkbox"/> Other <input type="checkbox"/>			
Manufacturer:		Model Type:	
Heitel Equipment Serial No:			
Line Type:	Broadband <input type="checkbox"/>	ISDN <input type="checkbox"/>	ISDN 2 <input type="checkbox"/> Other <input type="checkbox"/>
Telephone Number:		IP Address:	
Port No:		Number of Cameras:	
Site ID:		Password:	
Important Note: It will be assumed that Alarm 1 will be associated with Camera 1, Alarm 2 Camera 2 etc . If this is different please let us know.			

To be completed by Maintenance Company / Installer
This system does <input type="checkbox"/> does not <input type="checkbox"/> comply with BS 8418:2015 (Please tick as applicable)
Important a Walk Test must be completed with the RVRC Telephone: 0844 415 9999

Visual Verification Use Only	
Transmitter Change Date	
New Platform <i>(If Applicable)</i>	
Walk Test Completed With RVRC	
Walk Test Engineer's Name	
Site Details Information Change Complete	Yes <input type="checkbox"/> No <input type="checkbox"/> By
Effective Start Date	
Note: Once this is complete return this form to the Internal Sales Manager	