LiteMinder Central Inverter

FS Factory Startup Request Form

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REQUEST FOR STARTUP SERVICE

(To be completed by electrical contractor or requestor)

Serial #:Mc	odel #:	Qty:
Jobsite Name:	Invoice#:	:
Installed Address:		
Distributor:	P.O.#:	
Electrical Contractor:	Tel:	
Person to Contact:	Tel:	
Contact Email:		
Manufacturers Rep:		
Owner Representative:		
Date Service is Requested:		
The initial Start-up date will be determined by technician availability and geographical condepartment up to 48 hours before arriving at	ditions. This date will be confirmed by	•
TO ENSURE THE INSTALLATION IS COMPL REVIEW AND CHECK THE FOLLOWING CO		ERVICE PLEASE
1. Physical installation is complete, included according to the battery layout.	luding the installation of batteries in th	eir designated location
2. Electrical connections have been ma hooked up and ready to have power applied	• • •	em and all loads are
3. OWNER REPRESENTATIVE NAMED INSTRUCTION AND TRAINING DURING ST		/ILL BE PRESENT FOR
WE HEREBY ACKNOWLEDGE THE ABOVE HEREIN AUTHORIZE ANY ADDITIONAL EXISHOULD THE EQUIPMENT NOT BE FOUNIEVENLITE FIELD TECHNICIAN.	PENSES (INCLUDING ADDITIONAL S	SITE VISITS) INCURRED
Signed:		
Company:		
Position:		
Date:		

ISRF - 5/5/20