Request Form for Using Honeywell Remote Monitoring System at UTM

Fill the form and click on Submit to send the form to xin.zhao@utoronto.ca

Applicant Information	**Principal Investigator Name**
	Email **Department**

Equipment or Item To Be Monitored	**Name**
	Manufacturer **Model**
	Location (Building, Room#)

Parameter (S) to Be Monitored	**Temperature** **Humidity** **Lighting** **Others (Specify)**

Payment Information	**CC** **CFC** **Fund**
	Purchase Order Is Provided **Number**
	Other Method (Specify)

Preferred Alarm Settings	**Temperature High Limit °C** **Low Limit °C** **Humidity High Limit %** **Low Limit %** **Lighting Schedule** **Others (Specify)**

Alarm Recipient Information (Alarm messages will be sent to recipient's email box.)	**Primary Recipient Name**
	Email **Mobile**
	Do you like to access to the alarm system to view equipment status? Yes, my UTORid No
	Second Recipient Name (Optional)
	Email **Mobile**

Date of Submission