

CENTRAL SPRINKLER COMPANY
O-RING SPRINKLER HEAD VOLUNTARY REPLACEMENT PROGRAM ("VRP")
VERIFICATION FORM

TO BE COMPLETED BY THE INSTALLER:

- 1) Claim # 400333753
- 2) Property Name: Villas of LK Destiny
- 3) Property Address: 1010 WINDYERLY PL Maitland FL 32752
NUMBER STREET ADDRESS CITY STATE ZIP
- 4) Name of Claimant / Owner of Sprinkler Heads: TONY GUADAGNINO
- 5) Sprinkler Contractor Performing Replacement Work: Southeast Fire Sprinkler Inc.
- 6) Number of O-Ring Sprinklers Replaced (Indicate the part number and description of each model replaced)

Part #	Description	# of O-rings Replaced	Date
BSLO	GB 155 WHT SSP	14	11 Dec 07
GB 1/2	200 WHT SSP	30	11 Dec 07
GBR-2	7/16 155 WHT SSP	70	11 Dec 07
LF 3/8	155 WHT SSP	3	11 Dec 07
LF 3/8	155 WHT SSP	313	11 Dec 07

- 7) (Please Circle One) **Job Complete** 813 **Partial Invoice**
- 8) Total Number of Replacement Sprinklers Sent: 813 (including reclaimed heads)
- 9) Total Heads Replaced: 430
- 10) Total O-Ring Heads Returned: 430 (should match amount replaced)
- 11) Total New Belleville Heads Returned: 483 (unused, not damaged)
- 12) Date Heads Returned: _____

Please account for any difference between the shipped amount and the actual replaced amount. The number of heads replaced must match the original shipment plus any reclaimed heads. If the number of heads replaced is less than the amount of heads shipped, the extra heads must be shipped back to Central Sprinkler.

Attach work order, invoice or receipt showing the number of Central Sprinkler O-Ring Sprinklers that were replaced.

I hereby declare that the O-Ring Sprinklers at this property have been replaced in accordance with the codes and ordinance of the Local Authority Having Jurisdiction, and that the Claimant / Owner of the sprinkler heads has not been charged for the replacement work. I further declare under the penalty of perjury under the laws of the United States that all information on this form is true and correct.

William H. Clark
INSTALLER SIGNATURE

William H. Clark Foreman
PRINT NAME & TITLE

INSTALLER'S TAX ID NUMBER: 541862138

DATE: 11 Dec 07

TO BE COMPLETED BY THE CLAIMANT / OWNER:

I hereby acknowledge completion of the replacement work set forth above on the date indicated by the installer submitting this Verification Form.

Linda Morris
SIGNATURE OF CLAIMANT

LINDA MORRIS
PRINT NAME & COMPANY (If Appropriate)

12-11-07
DATE

President, Villas of Lake Destiny
TITLE (or "OWNER", if individual)

Additional Comments: (attach separate sheet if needed) UNIT 127, 1st HEAD IN High Ceiling
Could not be removed after extensive efforts without
Damaging Drywall and breaking pipe

Units 125-135 each have a 200° Omega S/W not covered in this recall.
Units 130-136 each have a 200° Omega S/W not covered in this recall
(6) total 2 IN DBL GARAGE 1 IN Single