



LEASE APPLICATION



LEASE APPLICATION POLICY

Any individual or corporation desiring to lease a condominium unit at **The Collins Condominium Association, Inc.** is required to submit to the Association the following items:

- ☐ A lease applicant will be required to submit to a background screening process which **may take up to five (5) days from submittal of the application.** The results of the Background Screening are for the Association's information only and a copy will not be provided or released to the lease applicant or Unit Owner. Unit Owners are encouraged to conduct their own background screening of their lease applicant.
- ☐ Copy of a **legible** fully executed lease contract
- ☐ Addendum to Lease signed by Unit Owner and lease applicant
- ☐ Application fee of \$150.00 per applicant and \$75.00 for additional applicant in the form of personal check, cashier's check or money order payable to **The Collins Condominium Association, Inc.** If legally married, you must provide marriage certificate for additional fee to be waived.
- ☐ If the applicant(s) have a pet, the following items will need to be provided:
 - Copy of vaccinations report and Miami Dade Rabies Tag
 - Picture of the pet/s
 - A non-refundable Pet registration fee of \$250 in the form of personal check, cashier's check or money order payable to The Collins Condominium Association, Inc
- ☐ A non-refundable impact fee of \$200 that covers elevator reservation for your Move In and Move Out. Must **submit a personal check, cashier's check or money order**, payable to **The Collins Condominium Association, Inc.**
- ☐ A refundable Move In and Out deposit of \$500 will be required prior to scheduling your move. Must **submit a personal check, cashier's check or money order**, payable to **The Collins Condominium Association, Inc.**
- ☐ **IN ADDITION TO THE ABOVE, A CORPORATE TENANT WILL BE REQUIRED TO PROVIDE THE FOLLOWING INFORMATION:**
 1. Proof of Incorporation
 2. List of current officers, directors, and any adult that will be resident in the unit will require a background screening process
 3. Affidavit of Corporate responsibilities as to abiding by the Rules and Regulations and By-Laws of **The Collins Condominium Association, Inc**

An orientation will be arranged between the lessee(s) and the Management office prior to scheduling of move in. ID must be provided at time of orientation of tenant.

Please note: The above stated rules and procedures are subject to change at the Board's discretion at any time.

Applicants agree to abide by updated Rules.

Applicant Signature	Print Name	Date
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APPLICATION

Building's Name: _____ Unit #: _____

Move in Address: _____ City: _____ Zip code: _____

Occupancy Type: _____ Rent Amount: _____ (Monthly)

Expected Move in date: _____ Lease Term: _____

APPLICANT'S INFORMATION

First Name: _____ Middle: _____ Last: _____

Social Security No.: _____ Date of Birth: _____

Driver's License No.: _____ State Issued: _____

Passport #: _____ Country: _____

Telephone No.: _____ Email: _____

CO-APPLICANT'S INFORMATION

First Name: _____ Middle: _____ Last: _____

Social Security No.: _____ Date of Birth: _____

Driver's License No.: _____ State Issued: _____

Passport #: _____ Country: _____

Telephone No.: _____ Email: _____

CURRENT RESIDENCE

Address: _____ City: _____ Zip code: _____

How long have you been living at this address? Years _____ Months _____ Own _____

Landlord's Name: _____ Phone #: _____

IN CASE OF EMERGENCY

Name: _____ Relationship: _____ Phone: _____

Current: _____ City: _____ Zip/Zip: _____



EMPLOYMENT HISTORY

Applicant Employer Name: _____ Job Status: _____

Address: _____ City: _____ Zip code: _____

Occupation / Position: _____ Supervisor Name: _____

Telephone: _____ Salary including commissions: _____

Co-Applicant Employer Name: _____ Job Status: _____

Address: _____ City: _____ Zip code: _____

Occupation / Position: _____ Supervisor Name: _____

Telephone: _____ Salary including commissions: _____

CIVIL HISTORY

Have you ever filed for Bankruptcy? _____ Has the co-applicant? _____

Have you ever been evicted? _____ Has the co-applicant? _____

Have you broken a lease? _____ Has the co-applicant? _____

Have you been Sued? _____ Has the co-applicant? _____

PERSONAL REFERENCES

Name: _____ Phone: _____

Email: _____ Phone: _____

Relationship: _____ (No Family Members)

Name: _____ Phone: _____

Email: _____ Phone: _____

Relationship: _____ (No Family Members)

CONVICTIONS

Have you ever been arrested? _____

Have you ever been convicted of any crime? Including misdemeanors, DUI, etc. _____

Any criminal charges now pending? _____

Please explain: _____



Has the Co-Applicant ever been arrested? _____

Had the Co-Applicant been convicted of any crime? Including misdemeanors, DUI, etc. _____

Please explain: _____

LIST OF OTHER OCCUPANTS

Name: _____ Age: _____ Phone: _____

Name: _____ Age: _____ Phone: _____

Name: _____ Age: _____ Phone: _____



ACCESS DEVICES RELEASE AUTHORIZATION

Unit No.	Date
Resident Name	Owner / Lessee (circle one)

**PLEASE SUBMIT PAYMENTS IN THE FORM OF: CASHIER'S CHECK, MONEY ORDER OR PERSONAL CHECK
PAYABLE TO: THE COLLINS CONDOMINIUM ASSOCIATION, INC.**

____ Vehicle Transponder(s) Price **\$35 each**
***Max. Four (4) for a one per bedroom and Six (6) for a two bedroom.**

Reason for replacement: _____

- Replacement transponder(s) number: _____
- Original transponder(s) deactivated: _____

____ Motorcycle and Bicycles Waterproofed Transponder(s) Price **\$35 each**

Reason for replacement: _____

- Replacement transponder(s) number: _____
- Original transponder(s) deactivated: _____

____ Building Access Device(s) ("FOB") Price **\$35 each**
***Max. Four (4) for a one per bedroom and Six (6) for a two bedroom.**

Reason for replacement: _____

- Replacement key fob(s) number: _____
- Original key fob(s) deactivated: _____

I/We hereby acknowledge that access device purchase is subject to availability. It is the responsibility of the requestor to provide the money order, cashier's check or personal check at the time the form is submitted and to follow up with the front desk to ensure access devices are ready for pick up. Access devices will only be released to the authorized, registered adult who submitted this request.

I/we hereby acknowledge receipt of the above referenced access device(s), and release and agree to indemnify **The Collins Condominium Association, Inc.**, its employees and/or agents, jointly and severally from any loss or liability related to or arising from the release of the above references key(s).

Recipient Signature	Print Name
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*****For administrative use only*****

Received and Processed by: _____



ACCESS DEVICES POLICY

Tenant(s) must obtain access devices from landlord at time of lease acceptance. At the end of the lease term, access devices and unit keys will need to be returned to the landlord by the tenants.

At the time of lease expiration, the access devices will be automatically suspended (Key fob/s and transponder).

If the lease is renewed, it is the tenant's responsibility to provide management with the lease renewal documentation to update the system to avoid access devices suspension, it is imperative lease renewals are done prior to lease expiration. Lease renewals must be a minimum of one (1) month. Month to month leases are not allowed.

Lost or stolen key fobs can be replaced with the Management office at a cost of Thirty-Five Dollars and No Cents (\$35.00) each in the form of a personal check, cashier's check or money order payable to **The Collins Condominium Association, Inc.**

Replacement forms are provided at the Management office. **Residents may purchase a maximum of four (4) key fobs and two (4) transponders for a one-bedroom unit; and six (6) key fobs and four (6) transponders for a two-bedroom unit. Improper use by the designated Owner or Resident may result in deactivation of all key fobs and transponders.**

I/we hereby acknowledge receipt of the above referenced access device(s), and release and agree to indemnify The Collins Condominium Association, Inc., its employees and/or agents, jointly and severally from any loss or liability related to or arising from the release of the above references key(s).

Acknowledged By:

Signature	Print Name	Date
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KEY POLICY

Owners must make private arrangements to provide keys to service personnel, family, assignees, employees, realtors, guests, or individuals of any kind. The Management Office will only allow keys to be left **in envelopes** for a **maximum of seven (7) days** at the Front Desk. If the person the envelope is addressed to does not retrieve the keys after seven (7) days, the envelopes will be left in the Management office and can only be picked up during Management hours.

In case of lock-out, Owners should make arrangements with friends or neighbors to keep an extra key or contact a locksmith.

The Association assumes no liability or responsibility to provide keys or access after regular Office working hours (9:00 A.M. to 5:00 P.M. Monday through Friday, except holidays).

However, as a courtesy, the Front Desk or Access Control personnel shall make efforts to contact the Property Manager for **EMERGENCY** lock out, and procedures are in place to provide emergency access to units in case of fire or injury situations.

I, _____ resident of Unit # _____

Hereby acknowledge receipt of the key policies for The Collins Condominium Association, Inc.

Tenant's Signature	Print Name	Date



GUEST REGISTRATION FORM

Date: _____

Unit Number: _____

Unit Owner/Lessee Name: _____

Guest's Name (S): _____

Guest's Mailing Address _____

Permanent Guest Yes/No: _____ **(This section applies to unit owners only. You may register up to four (4) Guests once every twelve (12) months)**

Temporary Guest Yes/No: _____ (Length of stay cannot be more than 14 consecutive days unless approved by the BOD)

Length of stay: From: _____ To: _____

Guest's Vehicle information:

Make _____	Model _____	Yr. _____	Tag#/State _____ / _____
Make _____	Model _____	Yr. _____	Tag#/State _____ / _____
Make _____	Model _____	Yr. _____	Tag#/State _____ / _____
Make _____	Model _____	Yr. _____	Tag#/State _____ / _____

Phone number(s) for Guest(s): _____, _____

Email address(s) for Guest(s): _____, _____

I, the lawful owner of Unit # _____, hereby certify that the above information is correct and complete. I hereby certify that the above named individual (s) will be guests without the payment of any consideration. I hereby certify that I will provide my Guest(s) with The Collins Rules and Regulations to ensure they are faithfully observed at all times.

Owner's/Lessee's Signature	Owner's/Lessee's Print Name	Date
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INTENDED TERMINATION DATE OF AUTHORIZATION: The undersigned agrees to notify Management, in writing, of the termination of this authorization. You are entitled to assume that this authorization is full force and effect until you receive a written notice of such termination.



PET ADDENDUM

The following terms and provisions shall be made part of and incorporated into the Agreement for Lease or Occupancy of Unit _____ at The Collins Condominium Association, Inc.

1. No tenant, occupant, guest, invitee or other non-owner occupant shall harbor any pet over 25 pounds in a unit or bring such a pet on to the common elements of the Condominium.
2. All pets must be Registered and approved by the Association in accordance with the Rules and Regulations for the Association prior bringing the pet on to the Condominium property.
3. In the event that a tenant, occupant, guest, invitee or other non-owner occupant brings a pet on to the condominium property or into a condominium unit without registering the pet and/or obtaining the consent of the Association, the tenant, occupant, guest, invitee or other non-owner occupant will be jointly and severally liable with the owner(s) of the unit for any and all attorneys' fees and costs incurred by the Association in having the pet removed from the unit.

In the event of inconsistencies between this Addendum and any lease, rental or other occupancy agreement for unit _____ at The Collins Condominium Association, Inc., the provisions contained in this Addendum shall prevail.

Acknowledged By:

Owner's Signature	Print Name	Date

Owner's Signature	Print Name	Date



PET REGISTRATION

Pet Name			
TYPE (Circle all applicable) Dog Cat Bird Other:			
Age	Gender	Weight	License & Veterinarian Certificate (provide copy)
Breed	Color	Description	

**PLEASE ATTACH PHOTO OF PET
HERE.**

ACKNOWLEDGEMENT AND AGREEMENT

Any pets residing in the unit must be included in the lease contract and must be registered via this form along with the vaccinations report to the management office.

I/we am/are aware of the Association's rules, regulations and restrictions regarding pets on the Property and agree to abide by them. Pets must be on a leash at all times. Clean up after your pet. Pets may not be transported through the lobby. Signs are posted throughout the ground level indicating the dog walk route. Violation of these policies will result in the receipt of written violations and clean up fees.

Signature	Date
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BICYCLE REGISTRATION

Unit No.	
Resident Name	Date
Owner / Lessee:	Bike Room No.

BICYCLE 1

Make	Model/ Color
Year	Permit Number

BICYCLE 2

Make	Model/ Color
Year	Permit Number

**PLEASE ATTACH PHOTO OF
BICYCLE HERE.**

BICYCLES MUST BE INDIVIDUALLY LOCKED ALWAYS WHEN STORED BY THEIR OWNER/ OPERATOR.

“\$35.00 Transponder Fee”

****Check Payable to “The Collins Condominium Association****

ACKNOWLEDGEMENT AND AGREEMENT

I/we am/are aware of Association rules, regulations and restrictions regarding bicycles on the Property and agree to abide by them. I hereby release and agree to indemnify **The Collins Condominium Association, Inc.**, its employees and/ or agents, jointly and severally, from any loss or liability related to, or arising out of, the acceptance of this bicycle and/or the release of the above references key(s). Further I/we acknowledge that the above registered bicycle(s) may be discarded if I/we fail to register the bicycle(s) annually.

Please note: Rules and procedures are subject to change at the Board’s discretion at any time.

Signature	Print Name	Date
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MOTORCYCLE REGISTRATION

Unit No.	
Resident Name	Date
Owner / Lessee:	

MOTORCYCLE 1

Make/Model	Year/Color
Tag #:	State Registered to:

MOTORCYCLE 2

Make/Model	Year/Color
Tag #:	State Registered to:

**PLEASE ATTACH PHOTO OF
MOTORCYCLE.**

“\$35.00 Transponder Fee”

****Check Payable to “The Collins Condominium Association****

ACKNOWLEDGEMENT AND AGREEMENT

I/we am/are aware of Association rules, regulations and restrictions regarding motorcycles on the Property and agree to abide by them. I hereby release and agree to indemnify **The Collins Condominium Association, Inc.**, its employees and/ or agents, jointly and severally, from any loss or liability related to, or arising out of, the registration of this motorcycle.

Please note: Rules and procedures are subject to change at the Board's discretion at any time.

Signature	Print Name	Date
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VEHICLE REGISTRATION

Unit No.:	
Resident Name:	Date:
Owner / Lessee:	Parking Space #:

VEHICLE 1

Make / Model	Year / Color
Tag #	Transponder #

VEHICLE 2

Make / Model	Year / Color
Tag #	Transponder #

VEHICLE 3

Make / Model	Year / Color
Tag #	Transponder #

VEHICLE 4

Make / Model	Year / Color
Tag #	Transponder #

VEHICLE 5

Make / Model	Year / Color
Tag #	Transponder #

VEHICLE 6

Make / Model	Year / Color
Tag #	Transponder #

ACKNOWLEDGEMENT AND AGREEMENT

I/we am/are aware of Association rules, regulations and restrictions regarding vehicle on the Property and agree to abide by them. I hereby release and agree to indemnify **The Collins Condominium Association, Inc.**, its employees and/ or agents, jointly and severally, from any loss or liability related to, or arising out of, the acceptance of this vehicle.

Please note: Rules and procedures are subject to change at the Board's discretion at any time.

Signature	Print Name	Date
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MAIL AND DELIVERIES

RECEIPT AUTHORIZATION

Unit No.	Date
Resident's Name	

The Undersigned, the owner(s) of Unit listed above (the "Unit") of The Collins Condominium Association, Inc., hereby authorizes the personnel employed by The Collins Condominium Association, Inc. to accept, receive and sign for any parcels, deliveries, dry-cleanings or mail addressed to the Unit, without imposing any liability thereon for the condition or substance of any such parcels so received.

Understanding that this Authorization is solely for the benefit of the undersigned, we hereby release the Association, its employees and agents, from any liability arising from this Authorization, including, without limitation, liability arising from the misplacement of parcels, and/or the negligence of the Association, its employees or agents in such regard.

Employees of The Collins Condominium Association, Inc., do not have access to the U.S. mail rooms as they are official government property of the US Postal Service. If you will not be on the property and are aware your mailbox is getting full, you must contact a representative in Miami to check your mail or register directly with USPS to hold or forward your mail at www.usps.com. The Association and its management staff will not be able to retrieve or hold your mail for you due to lack of space and liability.

The weight limit that the receiving staff is authorized to receive on resident's behalf is 50 lbs. Packages over this weight limit will be refused and sent back with the carrier. Please make arrangements with the shipper to deliver and sign for packages directly to your unit. Only packages addressed to a registered residents' name will be accepted. Packages arriving to an individual that is not listed as a registered resident will be returned to the sender.

It is prohibited to send furniture through the mail as we do not have space to accept these large packages. To receive such deliveries, you must schedule a delivery by emailing admin@theconllinscondo.net. Due to the high volume of packages received daily and space limitations, Front Desk will hold packages for a maximum of seven (7) calendar days. On the 7th day, all unclaimed packages shall be returned to sender.

FedEx and UPS envelopes as well as perishable medicines or food items will be received and registered at the front desk for pick-up after package room hours. Food items if not picked up after 24 hours will be disposed of.

When retrieving packages, you will be required to bring a government issued photo id. If you are expecting a package, please wait to receive the notification sent by Management's package tracking system. This will let you know your package has been registered with us and is ready for pick up. Please allow 24 hours from courier confirmation to receive management package tracking confirmation. If for any reason you are not available to pick up your package and wish for a friend/relative/agent to pick them up on your behalf, you must communicate their name in writing to the Front Desk to frontdesk@thecollinscondo.net.

Note: Certified Mail will not be accepted by the Association's Employees unless authorized in writing by the resident.

Acknowledged By:

Signature	Print Name	Date
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**STATEMENT OF UNDERSTANDING AND ACCEPTANCE OF
THE RULES AND REGULATIONS OF THE COLLINS CONDOMINIUM ASSOCIATION, INC.**

Unit No.	Date
Tenant's Name	

I/we have read and do understand the Rules and Regulations of The Collins Condominium Association, Inc., and further that I/ we accept and will abide by them.

I/we understand that the Board of Directors of The Collins Condominium Association, Inc., may promulgate new rules or change existing ones as they may deem necessary for the safe quiet enjoyment of all the residents of The Collins Condominium Association, Inc.

I/we agree to abide not only by all Rules and Regulations and/or updates, but also by procedures that are frequently communicated by management via electronic communications.

Acknowledged By:

Signature	Print Name	Date
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INTERNET AND TELEVISION BASIC SERVICES

- The Association provides basic cable and internet services through Breezeline. In order for your service to be activated, an account will need to be opened by calling Breezeline at: 1-888-536-9600.



MOVE IN/OUT AND DELIVERY OF BULKY ITEMS

Unit No.	Date
Tenant's Name	
Cell Phone:	Email:

- Move in/out and delivery hours are **Monday through Friday, 9:00 a.m. to 4:30 p.m.**
- Please communicate with The Collins Condominium Association, Inc. Management Office at admin@thecollinscondo.net to request the insurance requirements and schedule your move in/out or delivery.
- A *non-refundable* Move In and Out impact fee in the amount of Two Hundred Dollars and No Cents (**\$200.00**) (personal check, cashier's check or money order), payable to The Collins Condominium Association, Inc., will be charged with the application requirements prior to the lease approval.
- A *refundable* Move In and Out deposit of Five Hundred Dollars and No Cents (**\$500.00**) (personal check), payable to The Collins Condominium Association, Inc., will be charged prior to scheduling your move.
- The moving/delivery company must remove all cartons, crates and packing material from the Property. Management will inspect the freight elevator and corridors after completion of the move. **Empty boxes and move-in garbage must be taken away by the movers.**
- Smaller cardboard boxes must be flattened and transported to the designated cardboard disposal area located by the loading dock. Do not dispose of the cardboard material through the trash chute or common areas.
- The Association Board of Directors or Management may impose additional requirements or instructions from time to time to enhance the safe operations of the Building and the safety and convenience of Owners and Residents.

ACKNOWLEDGEMENT

I/we agree that all work performed or delivered to improve and/or furnish my condominium Unit by the above party is to be performed on my behalf, by such party as my agent. I assume full responsibility for damages caused by such agent, whether to any person or property and hereby agree to indemnify and hold harmless The Collins Condominium Association, Inc. (from any damages claimed by any party. Furthermore, the moving company must provide a Certificate of Liability for One Million Dollars and No Cents (\$1,000,000.00) and proof of worker's compensation coverage. The Collins Condominium Association, Inc. must be added as and additional insured and Certificate Holder.

Please note: Rules and procedures are subject to change at the Board's discretion at any time.

Signature	Print Name	Date
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INSURANCE REQUIREMENTS

Please provide a Certificate of insurance with the following information:

PLEASE EMAIL ALWAYS: admin@thecollinscondo.net

In your message, subject line please indicate the Unit Number you are working for. Also, please state the date and time frame reservation to be confirmed.

CERTIFICATE HOLDER and ADDITIONAL INSURED must be EXACTLY as shown below:

- **Additional Insured / Certificate Holder:**

The Collins Condominium Association, Inc.
6917 Collins Avenue **(Unit #)**
Miami, FL 33141

- **Required Coverage:**

- General Liability: **\$1,000,000.00 (Minimum)**
- Worker 's Compensation: **(REQUIRED)** *or provide proof of **EXEMPTION** - (no exceptions)

Please note: Without the Certificate of Liability Insurance AND Workers Compensation, no moves or deliveries will be allowed to proceed.

1. The "certificate holder" must list the Legal Names of the Condominium Association; otherwise it will not be allowed in the property.

2. Certificates **MUST** be done exactly as specified in the instructions. Changing even **ONE** word will cause them to get rejected and reservation cancelled. *Do not make any changes!

If you have any questions, please feel free to contact us immediately.

Thank you,

The Collins Condominium Association, Inc.
admin@thecollinscondo.net

THE COLLINS

Truck Sizes



26' Truck

4+ Bedrooms



14' Truck

Apartment up to 2 bedrooms



24' Truck

3 – 4 Bedroom Home



10' Truck

Studio / Apartment



20' Truck

Home up to 3 bedrooms



Pickups



17'

Home up to 2 bedrooms



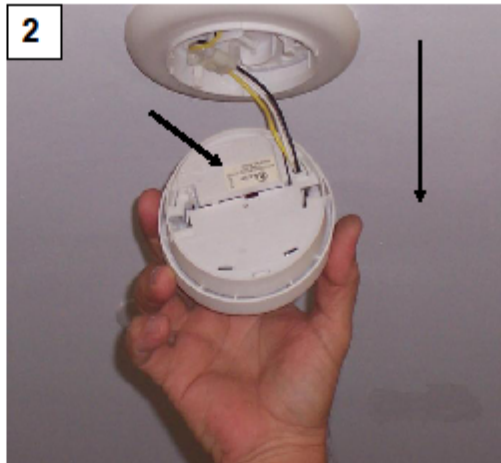
**HELPFUL MAINTENANCE
TIPS FOR INSIDE
THE UNIT**

THE COLLINS



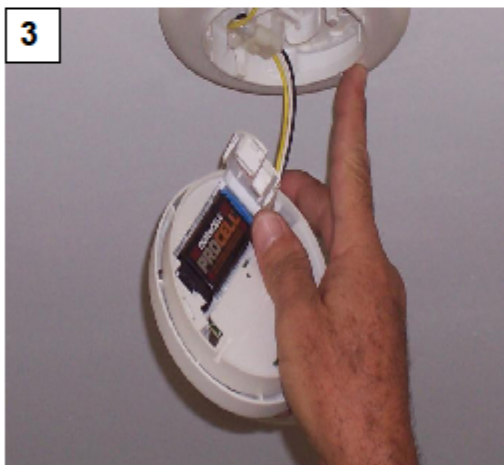
ROTATE THE DETECTOR TO THE LEFT.

GIRE EL DETECTOR HACIA LA IZQUIERDA



BEHIND THE COVER YOU WILL SEE THE BATTERY COMPARTMENT

EN LA PARTE SUPERIOR USTED VERA EL COMPARTIMIENTO DE LA BATERIA



REMOVE OLD BATTERY AND REPLACE WITH NEW ONE

REMOVER LA BATERIA USADA Y REEMPLAZAR CON UNA NUEVA



RETURN THE DETECTOR TO THE ORIGINAL POSITION

DEVUELVA EL DETECTOR A SU POSICION ORIGINAL

KEEP IN MIND THAT THE SMOKE DETECTOR'S BATTERY SHOULD BE CHANGED ANNUALLY

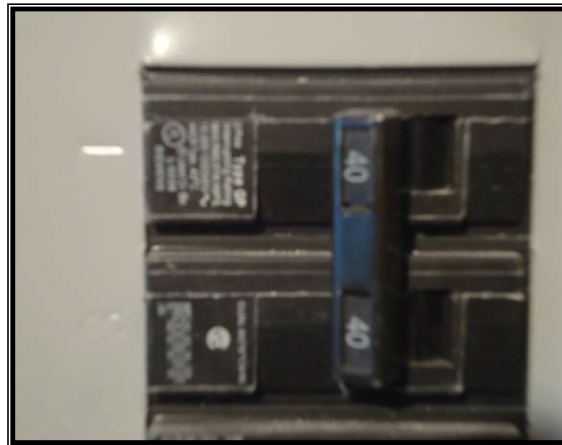


A photograph of a grey metal electrical panel mounted on a wall. The panel door is open to the left, revealing a large white warning label with black and red text. Inside the panel, a vertical busbar is visible with several circuit breakers attached. The panel is secured with screws around its perimeter. To the right of the panel, a portion of a microwave oven is visible.

THERMAL ON 25		THERMAL OFF 25		THERMAL ON 25		THERMAL OFF 25	
ITEM	QTY	UNIT	PRICE	ITEM	QTY	UNIT	PRICE
1. THERMAL ON 25	1	EA	1.00	1. THERMAL OFF 25	1	EA	1.00
2. THERMAL ON 25	1	EA	1.00	2. THERMAL OFF 25	1	EA	1.00
3. THERMAL ON 25	1	EA	1.00	3. THERMAL OFF 25	1	EA	1.00
4. THERMAL ON 25	1	EA	1.00	4. THERMAL OFF 25	1	EA	1.00
5. THERMAL ON 25	1	EA	1.00	5. THERMAL OFF 25	1	EA	1.00
6. THERMAL ON 25	1	EA	1.00	6. THERMAL OFF 25	1	EA	1.00
7. THERMAL ON 25	1	EA	1.00	7. THERMAL OFF 25	1	EA	1.00
8. THERMAL ON 25	1	EA	1.00	8. THERMAL OFF 25	1	EA	1.00
9. THERMAL ON 25	1	EA	1.00	9. THERMAL OFF 25	1	EA	1.00
10. THERMAL ON 25	1	EA	1.00	10. THERMAL OFF 25	1	EA	1.00
11. THERMAL ON 25	1	EA	1.00	11. THERMAL OFF 25	1	EA	1.00
12. THERMAL ON 25	1	EA	1.00	12. THERMAL OFF 25	1	EA	1.00
13. THERMAL ON 25	1	EA	1.00	13. THERMAL OFF 25	1	EA	1.00
14. THERMAL ON 25	1	EA	1.00	14. THERMAL OFF 25	1	EA	1.00
15. THERMAL ON 25	1	EA	1.00	15. THERMAL OFF 25	1	EA	1.00
16. THERMAL ON 25	1	EA	1.00	16. THERMAL OFF 25	1	EA	1.00
17. THERMAL ON 25	1	EA	1.00	17. THERMAL OFF 25	1	EA	1.00
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19. THERMAL ON 25	1	EA	1.00	19. THERMAL OFF 25	1	EA	1.00
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28. THERMAL ON 25	1	EA	1.00	28. THERMAL OFF 25	1	EA	1.00
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37. THERMAL ON 25	1	EA	1.00	37. THERMAL OFF 25	1	EA	1.00
38. THERMAL ON 25	1	EA	1.00	38. THERMAL OFF 25	1	EA	1.00
39. THERMAL ON 25	1	EA	1.00	39. THERMAL OFF 25	1	EA	1.00
40. THERMAL ON 25	1	EA	1.00	40. THERMAL OFF 25	1	EA	1.00
41. THERMAL ON 25	1	EA	1.00	41. THERMAL OFF 25	1	EA	1.00
42. THERMAL ON 25	1	EA	1.00	42. THERMAL OFF 25	1	EA	1.00
43. THERMAL ON 25	1	EA	1.00	43. THERMAL OFF 25	1	EA	1.00
44. THERMAL ON 25	1	EA	1.00	44. THERMAL OFF 25	1	EA	1.00
45. THERMAL ON 25	1	EA	1.00	45. THERMAL OFF 25	1	EA	1.00
46. THERMAL ON 25	1	EA	1.00	46			

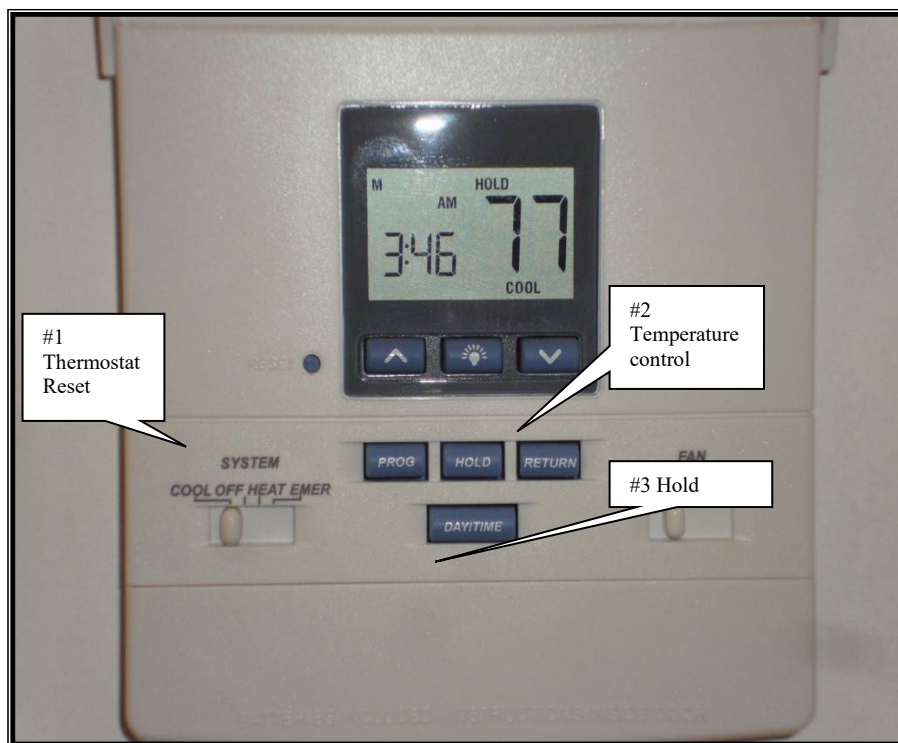
Breaker in “OFF” position

THE COLLINS



Turn back to the **ON** position after turning **OFF**.

Thermostat Reset & Programing



#1
Thermostat
Reset

#2
Temperature
control

#3 Hold

1. Reset thermostat by inserting a ball point pen in hole, Display will turn off. Remove pen proceed to step #2
2. Press and hold the $\vee$ or $\wedge$ for a few seconds. Display will flash once. Press $\vee$ or $\wedge$ to adjust the temperature set point.
3. Press HOLD, Temperature will remain at set point. Hold will show on Display.