

## LDS FamilySearch Device Install Worksheet

Center Name: \_\_\_\_\_ Unit Number: \_\_\_\_\_

**Email this form to Sandra Friedman at [sfriedman@lexmark.com](mailto:sfriedman@lexmark.com)**

Technician Name: \_\_\_\_\_ Center Address: \_\_\_\_\_

Installation Date: \_\_\_\_\_

Center Director Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### Installed Device Summary:

Printer Model	Serial Number (Required)	IP Address: (Required)
FAX Number: (if applicable)	Building Floor (if applicable)	

### Outstanding Issues:

The technician should document any issues he or she encountered during the install and document whether the issue is closed or requires Lexmark follow-up.


Center Director Signature: \_\_\_\_\_

Date: \_\_\_\_\_