# LDS FamilySearch Device Install Worksheet

Center Name:	Unit Number:
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## Email this form to Sandra Friedman at sfriedman@lexmark.com

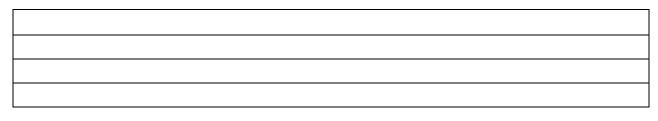
Technician Name:	Center Address:
Installation Date:	
Center Director Name:	
Phone Number:	

### 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: \_\_\_\_\_