

# F5 Sector Site Overview Sheet

**Customer:** \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Cell: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_  
 Who Talked to: \_\_\_\_\_  
**Tech on site:** \_\_\_\_\_  
**Cust. Rep:** \_\_\_\_\_

**Date:** \_\_\_\_\_  
**Total Hours:** \_\_\_\_\_  
 Tech 1: \_\_\_\_\_  
 Tech 2: \_\_\_\_\_  
 Tech 3: \_\_\_\_\_  
 Parts: \_\_\_\_\_

**Notes:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Office Use:    INV                      Paid Y/N #:

S45 S75 R95 R110 R145 B110 B135 B165

Time	Description <i>(List hardware, software and supplies used... and please print)</i>	Parts Used	Cost
		DSL Line Number:	
		Router IP:	
		UserName:	
		Password:	
		Workgroup:	
		Gateway:	
		DNS:	
		Scope:	
		PC's	O/S:
		Laptops:	O/S:

Recommendations: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Circle one:    *High / Medium / Low*

Next Rec. Visit: \_\_\_\_\_  
 Next Visit: \_\_\_\_\_

*Signature indicates customer's full satisfaction  
 with service performed and charges*

RECEIVED BY: \_\_\_\_\_

