

RCare

38 Commercial Street
Webster, NY 14580
585-671-4144



RCare System Acceptance Form

Customer Name:

Date:

Management Company:

Customer Address:

Project Name/Description:

Rcare system installed by [Distributor] , to be approved by [Customer].

Provide a brief description of the installed products/services: _____

Identify personnel and contact information for any staff members involved in administering the system:

Network information? (SSID, Key IPs): _____

Key device location information?: _____

Key reports created? Yes No

Service alert email added? Yes No

System online in remsupport? Yes No

Open Items and expected resolution date: _____

Additional Notes: _____

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Submitted for and on behalf of Rcare

Accepted for and on behalf of [Distributor]

Name	Job Title	Date
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Accepted for and on behalf of [Customer]

Name	Job Title	Date
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