

# Customer Worksheet for the Work Management System

## **A. Organization/Company**

Name: \_\_\_\_\_

Search Term 1: \_\_\_\_\_ Search Term 2: \_\_\_\_\_

House Number: \_\_\_\_\_ Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

P.O. Box: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

Telephone (switchboard): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Fax (generic/centralized): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email (generic/centralized): \_\_\_\_\_

Comments: \_\_\_\_\_

## **B. Citizen/Contact Person**

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_ Suffix: \_\_\_\_\_ Position: \_\_\_\_\_

House Number: \_\_\_\_\_ Street: \_\_\_\_\_

Room Number: \_\_\_\_\_ Floor: \_\_\_\_\_ Suite: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

P.O. Box: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

Telephone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Extension: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Fax: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

Standard Communication Method: \_\_\_\_\_

Comments: \_\_\_\_\_