## SMART HOME ACQUISITION & PROVISION INSTRUMENT (SHAPI)

## Complete Table for Each Item of Smart Home Support Provided

Client:				_ Address:		
Assessor:				_Phone:		
Assessmen	t Date:					
Date	Date	Training	Device Make and	Model No.	Purpose	
Ordered	Installed	Date(s)				
Purchaser	:		<u> </u>	Installer & Trainer:		
Note:						
Note.						

Date Ordered	Date Installed	Training Date(s)	Device Make and Model No.		Purpose	
Purchaser	:			Installer & Trainer:		
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Date Ordered	Date Installed	Training Date(s)	Device Make and Model No.		Purpose	
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Note:						