



**205-681-5549**

**Independa Survey**

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

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZipCode: \_\_\_\_\_

Primary Contact: \_\_\_\_\_ Title: \_\_\_\_\_

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

Contact Phone: \_\_\_\_\_

Property Type  
(Hospitality / Healthcare / Commercial Private/Public / Government / Other): \_\_\_\_\_

Number of Locations: \_\_\_\_\_ Number of Buildings on Site: \_\_\_\_\_

Estimated Residents/TV's that need  
Independa: \_\_\_\_\_

Do you have a robust WiFi System: \_\_\_\_\_

Current TV programming provider: \_\_\_\_\_

Does your TV provider have a set top box in room: \_\_\_\_\_

Do your TV's have HDMI Inputs : \_\_\_\_\_

**Bonus Questions:)**

Would you be interested in a Resident friendly interactive service that works through their TV and allows for contact with family members outside of your facility? (yes / no): \_\_\_\_\_

Would you be interested in a system that improves Cell Phone performance in environments that typically impede quality Cell Phone usage (yes / no): \_\_\_\_\_