

Logical Bases/Indexing Configuration Questionnaire – Customer Reply Form

Instructions: This form is numbered to reflect the corresponding sections in the word document. Please review those sections for further instructions on completing this form.

1 Customer information			
Institution Name:			Date:
	Last	First	M.I.
Contact Name:			
Address:			
City			State ZIP Code
Phone:	()	E-mail Address:	

2 Logical Bases	
Do you need think you will want to define logical bases? Complete the following chart:	
Base Name	Description

3 Indexes			
Do you think you have special requirements? For example, do you need to index any locally defined fields? If you do, fill in the following table:			
Index Type	Index Code	Index Name	Derived from the following fields and subfields:

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