

FAE Log

Activity for: Date Here
 Day of Week: M T W Th F S Su

	Address	Arrival Time	Approx Length of Conversation	Outcome
1				<input type="checkbox"/> Nobody Home (Left Package) <input type="checkbox"/> Vacant (Left Package) <input type="checkbox"/> Yes Now <input type="checkbox"/> Please Follow Up <input type="checkbox"/> 1-2 Weeks <input type="checkbox"/> 1 Month <input type="checkbox"/> 3-6 Months <input type="checkbox"/> Can You Call Me <input type="text"/> Phone Number <input type="checkbox"/> E-mail me more info <input type="text"/> Email Address <input type="checkbox"/> No Thank You (Put Why in Comments)
	Additional Comments:			
2				<input type="checkbox"/> Nobody Home (Left Package) <input type="checkbox"/> Vacant (Left Package) <input type="checkbox"/> Yes Now <input type="checkbox"/> Please Follow Up <input type="checkbox"/> 1-2 Weeks <input type="checkbox"/> 1 Month <input type="checkbox"/> 3-6 Months <input type="checkbox"/> Can You Call Me <input type="text"/> Phone Number <input type="checkbox"/> E-mail me more info <input type="text"/> Email Address <input type="checkbox"/> No Thank You (Put Why in Comments)
	Additional Comments:			
3				<input type="checkbox"/> Nobody Home (Left Package) <input type="checkbox"/> Vacant (Left Package) <input type="checkbox"/> Yes Now <input type="checkbox"/> Please Follow Up <input type="checkbox"/> 1-2 Weeks <input type="checkbox"/> 1 Month <input type="checkbox"/> 3-6 Months <input type="checkbox"/> Can You Call Me <input type="text"/> Phone Number <input type="checkbox"/> E-mail me more info <input type="text"/> Email Address <input type="checkbox"/> No Thank You (Put Why in Comments)
	Additional Comments:			
4				<input type="checkbox"/> Nobody Home (Left Package) <input type="checkbox"/> Vacant (Left Package) <input type="checkbox"/> Yes Now <input type="checkbox"/> Please Follow Up <input type="checkbox"/> 1-2 Weeks <input type="checkbox"/> 1 Month <input type="checkbox"/> 3-6 Months <input type="checkbox"/> Can You Call Me <input type="text"/> Phone Number <input type="checkbox"/> E-mail me more info <input type="text"/> Email Address <input type="checkbox"/> No Thank You (Put Why in Comments)
	Additional Comments:			
5				<input type="checkbox"/> Nobody Home (Left Package) <input type="checkbox"/> Vacant (Left Package) <input type="checkbox"/> Yes Now <input type="checkbox"/> Please Follow Up <input type="checkbox"/> 1-2 Weeks <input type="checkbox"/> 1 Month <input type="checkbox"/> 3-6 Months <input type="checkbox"/> Can You Call Me <input type="text"/> Phone Number <input type="checkbox"/> E-mail me more info <input type="text"/> Email Address <input type="checkbox"/> No Thank You (Put Why in Comments)
	Additional Comments:			