



# Kavango East Regional Council



## Service Request Form

|                      |                         |                       |
|----------------------|-------------------------|-----------------------|
| Date: _____          | Office Nr. _____        | Date Completed: _____ |
| Time Reported: _____ | IT Response Time: _____ | Time Completed: _____ |

Name :

E-mail :

Phone Nr. :

Department :

Problem : Computer Hardware  E-mail Account

Computer Software  Projector

Internet Connection  Printer

Detailed Description :

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Excellent  Satisfactory  Not Satisfactory

User Signature: \_\_\_\_\_

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

Computer ID: \_\_\_\_\_

Signature: \_\_\_\_\_