

## IT Services Request Form

### GENERAL INFORMATION:

Today's Date: \_\_\_\_\_ Date to completed by: \_\_\_\_\_  
Employee: \_\_\_\_\_ Ext.: \_\_\_\_\_ Department: \_\_\_\_\_  
Initiated By: \_\_\_\_\_ Ext.: \_\_\_\_\_ Division: \_\_\_\_\_

### TECHNOLOGY REQUESTS:

(Check one) Is this a:            Replacement            Reassignment            New  
(Check one) Required platform:            Mac            PC            N/A

*Note: If requesting a computer, both platforms are installed with the company standard requirements. Please include any additional or department specific requirements below.*

#### **Specify needs:**

**File server access:**  
(list servers, folders, access level, etc.)

**Printer access needed:**  
(specify floor, location or printer name)

**Applications required:**  
(COPS, MSS, PSoft, etc.)

**Software requirements:**  
(Project, PhotoShop, Illustrator, etc.)

**Hardware requirements:**  
(memory, CD burner, etc.)

**Other:**  
(specify)

### WAM!NET VENDOR ACCESS REQUEST:

Vendor Name:

Contact Name:

Vendor Address:

Telephone:

E-mail:

#### EQUIPMENT MOVE

#### OWNERSHIP CHANGE

Old Location (Jack #):

Previous Owner:

New Location (Jack #):

New Owner:

### ADDITIONAL NOTES/JUSTIFICATION:

Approval: \_\_\_\_\_ Date: \_\_\_\_\_

**Billing Code:** HSupP Only