



# 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 :

Excellent  Satisfactory  Not Satisfactory

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

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

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

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