



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: _____