1. CLIENT INFORMATION
Full Name: ____________________________________________________________
College/School/Directorate/Centre: ________________________________________
Department: ____________________________________________________________
Ext: __________ Mob No: ____________________ E-mail: ________________

2. SERVICE REQUIRED
Briefly describe the service you are requesting:
_____________________________________________________________________
_____________________________________________________________________
Location/building where service you are requesting: ________________________

________________________
Signature                                      Date

3. ICT SERVICES DEPARTMENT
Received by: ___________________
             ___________________
             Full Name          Signature          Date

Task Assigned to: ___________________
                 ___________________
                 Name              Signature          Date

Head,
Department of ICT Services
Comments after service /work:
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Name: ____________ Signature: ___________________ Date: ____________