GUAM WATERWORKS AUTHORITY
INFORMATION TECHNOLOGY

APPLICATIONS

Service Request Form

CONTACT INFORMATION

Request Date:

Requested by: _____

Emp. no.: _____ Contact no.: _____

E-mail: BU:

Manager name: _____

Emp. no.: _____ Contact no.: _____

E-mail: BU:

SERVICE INFORMATION:

☐ User access ☐ Password reset ☐ Data File Update ☐ Menu modification ☐ Program Modification
☐ Report Generation ☐ Report Modification ☐ Tickler ☐ Service Type ☐ Tracking ☐ Cashier Loc. Code
☐ ID Type ☐ Meter Code ☐ Other

Justify in detail service(s) to be rendered for the above request:

_____

_____

_____

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_____   _____
Supervisor's Approval Signature and Date   **Manager's Approval Signature and Date**

TO BE COMPLETED BY INFORMATION TECHNOLOGY STAFF:

Action taken in detail for the above request:

_____

_____

_____

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_____

_____   _____
Completed by Signature and Date   **IT Manager's Approval Signature and Date**