GUAM WATERWORKS AUTHORITY
INFORMATION TECHNOLOGY

Operations
Service Request Form

CONTACT

Requested by: _____ Emp. No.: _____ Telephone No: _____

Manager Name: _____ Department: _____ E-mail: _____

SERVICE

Request Date: _____ Request Time: _____

Request Type: Check all that apply

E-Mail ☐   Setup ☐ Removal ☐ PC Tag No _____ Other ☐ _____

Supply ☐   Paper ☐   Toner ☐   Other ☐ _____

Documents ☐   Survey ☐ Disposal ☐ Other ☐ _____

Files ☐   Upload ☐ Download ☐ Other ☐ _____

Printer ☐   Paper Jam ☐   Scan/E-mail ☐ Other ☐ _____

INTERNAL

TO BE COMPLETED BY GWA IT OPERATIONS

Action Taken: _____

_____

_____

_____

_____

_____

Completed By: _____ Completion Date: _____

APPROVAL

Supervisor Approval: _____ Date: _____

Manager Approval: _____ Date: _____