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 **FORM/ICT/010-1**  
 **DEPARTMENT OF ICT SERVICES**

**SERVICE REQUEST FORM**

PART (A): To be filled By User Department

DEPARTMENT/SCHOOL…………………………………….. NO. OF ITEMS …………………………………..

SERIAL NO……………………………………………………… MODEL ………………………………………….

REPORTED BY …………………………………………………… DATE…………………………………………..

HOD/AUTHORIZED OFFICER ……………………………………DATE………………………………………....

**Nature of fault (As observed by user)**

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

**PART B: To be continued by ICT Department**

RECEIVED DATE: ………………………………………………….. TIME ………………………………………

JOB ASSIGNED TO (ICT TECH) ……………………………………. DATE ……………….. TIME……………

**DESCRIPTION OF FAULT**

**As diagnosed by ICT Technician**

……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..

**SUMMARY OF WORK DONE**

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Sign ……………………………………………………….. Date …………………………………………………

**RECOMMENDATION**

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**AFTER SERVICE REMARKS BY THE USER DEPARTMENT**

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Sign……………………………………………………… Date …………………………………………………........

**REMARKS BY THE ICT HOD**

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Sign …………………………………………………….. Date ……………………………………………………….