Wheatland High School

Technology Service Request

Please fill out completely!!

FOR OFFICE USE ONLY
Ticket # _____
Hours _____
Cost _____

NAME: _____ **DATE**: _____

ROOM: _____ **PREP PERIOD(S)**: _____

EXTENSION: _____

PLEASE DESCRIBE PROBLEM/NEED:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Please place completed form in Mick Shatswell's mailbox.

DO NOT WRITE BELOW THIS LINE

Solution(s), conclusions, necessary follow-up:

_____

_____

_____

_____

_____

_____

Rev. 1-2002