

Date: _____
First and Last Name: _____
County or Department: _____
Fund/Org Number: _____
Type of Equipment: _____
Service Tag #: _____
CES Tag # (if any): _____

Description of problem:

Signature of person dropping off or shipping equipment

Date

Call Center Use Only

Ticket #: _____

CompName: _____

Description of work completed:

Tech Signature

Date complete

Signature of person picking up equipment

Date