

LEVY COUNTY IT  
REQUEST FORM

(Please return form to the County Commissioners Office – Fax 486-5167 OR email:  
levybocc@levycounty.org)  
ATTN: Wilbur Dean

Date: \_\_\_\_\_

Office: \_\_\_\_\_ Location of equipment: \_\_\_\_\_  
(Bldg/Room/Name)

Requested by: \_\_\_\_\_

Type of equipment: \_\_\_\_\_ Model: \_\_\_\_\_

Asset #: \_\_\_\_\_ Serial #: \_\_\_\_\_

Brief Description of work request:



(To be completed by IT Personnel)

Start repair: \_\_\_\_\_ AM/PM Completed: \_\_\_\_\_ AM/PM

Follow up Repairs Needed?      Yes      No

Date Received: \_\_\_\_\_ Date Checked: \_\_\_\_\_

Action Taken:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_