



Republic of the Philippines
NATIONAL TELECOMMUNICATIONS COMMISSION
 NTC Bldg., BIR Road, E. Ave., Diliman, Quezon City 1100

ITU SERVICE REQUEST FORM

Reference No.: _____

Branch/Division/Unit:						
Service: <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> Software Installation: <input type="checkbox"/> MS Office <input type="checkbox"/> Anti-Virus <input type="checkbox"/> Printers/Scanner Drivers <input type="checkbox"/> Email </td> <td style="width: 33%; vertical-align: top;"> Hardware Repair <input type="checkbox"/> CPU <input type="checkbox"/> Monitor <input type="checkbox"/> Printer/Scanner <input type="checkbox"/> Laptop </td> <td style="width: 33%; vertical-align: top;"> Network <input type="checkbox"/> Internet <input type="checkbox"/> Local Area Network (LAN) </td> </tr> </table>				Software Installation: <input type="checkbox"/> MS Office <input type="checkbox"/> Anti-Virus <input type="checkbox"/> Printers/Scanner Drivers <input type="checkbox"/> Email	Hardware Repair <input type="checkbox"/> CPU <input type="checkbox"/> Monitor <input type="checkbox"/> Printer/Scanner <input type="checkbox"/> Laptop	Network <input type="checkbox"/> Internet <input type="checkbox"/> Local Area Network (LAN)
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Requested by:						
_____ Signature over Printed Name (Client)		_____ Date / Time				
<i>(To be filled-up by ITU personnel)</i>						
Findings:						
Action Taken:			<input type="checkbox"/> Solved <input type="checkbox"/> Forwarded to GSD <input type="checkbox"/> Forwarded to Supplier			
CONFORME:						
_____ Signature over Printed Name (Client)		_____ Date / Time				
_____ Signature over Printed Name (ITU Personnel)		_____ Date / Time				
CUSTOMER REMARKS: <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent						
Others: _____						
