

COMPUTER SERVICE REQUEST - DROP OFF FORM

CUSTOMER NAME _____

DATE ___/___/___

ADDRESS _____

CITY _____ State ___ ZIP _____

PH _____ CELL _____

EMAIL _____

SERVICE ISSUE:

- Computer will not boot
- Computer runs slow
- Email problems
- Computer infected with Virus/Malware
- Setup wireless connection
- Setup multi computer network
- Set up virus and spyware protection
- Install new operating system
- Problem connecting to internet
- Other (describe below)

Hardware & Software Information:

Device Make and Model _____

Year Purchased _____

General description of issue(s) and possible way(s) to recreate the issue(s).

