

Conneaut Area City Schools

Technology Service Request Form

Please submit this request to the Technology Department using the school mail delivery. If this is an emergency, please call ext 260.

Required fields are marked with an *, please fill out all requests in full.

* Date: ____/____/____

* Building Location / Room #

* Employee Name

* CACS System Tag Number

* Equipment Make / Model

* Please write a brief description of the request or problem, including any error messages. Be specific as possible.

For Technician Use Only

Date of Repair: ____/____/____

Technician: _____

Was the posted request / issue resolved: Yes / No

Confirm CACS System Tag Number: Yes / No

If the request / issue was resolved, explain all work done. Use back if necessary:
