

SAVANNAH INSTITUTE FOR BUSINESS AND INFORMATICS[SIBI]

SERVICE REQUEST FORM

Use this form to request for IT services from SIBI. It is assumed that, by completing and signing this document, you have read and agree to the terms and conditions governing IT security services offered by the Savannah Institute for Business and Informatics (SIBI).

CLIENT INFORMATION

First Name: _____ Last Name: _____ Other Name: _____

CONTACTS INFORMATION

Postal Address: _____

Telephone: _____ Email: _____

Other Contact Information: _____

SERVICE REQUESTED

Please indicate the type of IT service you require:

- CCTV or Nanny Camera
- Local area network
- Private Wifi network
- Website design and construction
- Elearning site installation and customisation
- Mobile application design and construction
- IT security audit
- Other (specify) _____

FOR OFFICIAL USE

Receipt Number: _____ Receipt Date: _____

Recommendation by Engineer in charge: Feasible Not Feasible Further Information Needed.

Comments: _____

Director: _____ | _____ | ____/____/____

Name

Signature

Date