

Republic of the Philippines
City of Davao
CITY INFORMATION TECHNOLOGY CENTER

CITC TECHNICAL SERVICE REQUEST SLIP							NO. _____
REQUESTING OFFICE		DATE OF REQUEST					
DIVISION:		REQUEST MODE:			<input type="radio"/> Letter <input type="radio"/> Telephone <input type="radio"/> Walk-in <input type="radio"/> Others		
NATURE OF REQUEST:		<input type="checkbox"/> System/Prog. Revision/Update <input type="checkbox"/> Check-up & Repair <input type="checkbox"/> Technical Specs. <input type="checkbox"/> Internet Connection/Config. <input type="checkbox"/> Recompile <input type="checkbox"/> Preventive Maintenance <input type="checkbox"/> Technical Assist. <input type="checkbox"/> LAN Connection/Config. <input type="checkbox"/> New/Update System User <input type="checkbox"/> HW Installation <input type="checkbox"/> IP PBX / Phone <input type="checkbox"/> Data/Record Update <input type="checkbox"/> HW Relocation <input type="checkbox"/> Email <input type="checkbox"/> Data/Record Encoding <input type="checkbox"/> Cable Installation/Maint. <input type="checkbox"/> Back-Up <input type="checkbox"/> Data/Record Printing <input type="checkbox"/> SW Installation/Maintenance <input type="checkbox"/> IP Address Request <input type="checkbox"/> OTHERS _____ No. of Copies _____ <input type="checkbox"/> Technical Evaluation					
REQUESTED BY:		Office Representative			SPECIAL INSTRUCTIONS:		
AUTHORIZED BY:		Office Head					
UNIT:		PROPERTY NO.			SERIAL NO.		
RECEIVED BY:		CITC Staff	Date	ASSIGNED TO:	CITC Staff	SERVICED BY:	CITC Staff Date
FINDINGS/PARTICULARS:				ACTIONS TAKEN:			
RECOMMENDATION:							
APPROVED BY:		Division Head		Date	RELEASED BY:		CITC Staff Date
NOTED BY:		Chito P. Mercado		Date	RECEIVED BY:		Office Representative Date

NOTE:

- We are not responsible for any UNLICENSED SOFTWARE that are installed in your unit and if in case with any raid or confiscation of your unit from authority, we would not be held liable.
- We are also not liable for any loss of data during the course of repairing the unit.

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CLIENT SATISFACTION SURVEY

Name (Optional) : _____

Cell phone Number (Optional) : _____

Office (Optional) : _____

QUESTIONS:

1. Did we resolve your issue? <input type="checkbox"/> Yes <input type="checkbox"/> No	3. Did the personnel respond courteously to your request? <input type="checkbox"/> Yes <input type="checkbox"/> No	REMARKS / SUGGESTION: What can we improve? _____ _____ _____
2. Are you satisfied with our support/action taken? <input type="checkbox"/> Very Satisfied <input type="checkbox"/> Satisfied <input type="checkbox"/> Not Satisfied	4. Quality of service <input type="checkbox"/> Very Satisfied <input type="checkbox"/> Satisfied <input type="checkbox"/> Not Satisfied	

THANK YOU!

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THANK YOU!