

DELTA-MONTROSE TECHNICAL COLLEGE

Community Education Service and Repair Form

Name: _____

Date: _____ Time: _____

Item(s): (Please be as specific as possible)

Type	Number	Location
------	--------	----------

Type	Number	Location
------	--------	----------

Type	Number	Location
------	--------	----------

Type	Number	Location
------	--------	----------

Description of Problem: _____

Please use a separate form if the problem is different, or in a different location.

This Section for Community Education Office Use Only

Received By: _____ Date: _____

Date Reported to Technology Department: _____

Comments: _____

This Section for Technology Department Use Only

Received By: _____ Date: _____

Comments: _____

Completed By: _____ Date: _____