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| **REQUEST DETAILS** |
| **REQUESTING OFFICE:** |
| **□ NEW****REQUIREMENTS:** **□ POWER OUTLET** **□ FIXED / FINAL LOCATION** | **□ RE-CABLING****REASON:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Note: Network Connectivity request is subject for queuing, depending on the manpower availability, materials and tools available, safe weather conditions and work area.****Acknowledged: Noted:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Name and Signature Name and Signature** **of Requesting Staff of Immediate Supervisor** **Recommending Approval:****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****OMIS Director** |
| **ADDITIONAL DETAILS** |
| DATE & TIME STARTED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE & TIME COMPLETED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ASSIGNED TECHNICIAN/S: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_NOTED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
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