|  |  |
| --- | --- |
| ***USER INFORMATION*** | |
| Name:  Bldg/Room #:  Office/Room Phone Number: \_\_ | Position Title:  Department: Current |

# PRINTER/SCANNER INFORMATION

# If this printer/scanner is already in your room/office, please list these details:

# Manufacturer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Model\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Type (circle one) Black and White Color

# Pages per minute if known\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Age if known \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***JUSTIFICATION:*** Please describe why using the multifunction community copiers does not work for your situation:

|  |  |  |
| --- | --- | --- |
| ***SIGNATURES*** |  |  |
|  |  |  |
| Requestor Signature |  | Date: |
|  |  |  |
| Department Head |  | Date |
|  |  |  |
| Principal (if for school building) |  | Date: |
| ***DECISION*** |  |  |

Approved

Disapproved

Comments:

Zone Leader/ Chief Officer Date