

Computer Imaging Form

User Name: _____ Phone#: _____ Agency/Loc: _____

Existing PC Details	New PC Details
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Blue State ID# _____	Blue State ID# _____
Model Number _____	Model Number _____
Service Tag _____	Service Tag _____
IP Address _____	IP Address _____
Property Disposition Yes No ()	On Domain () Standalone ()

Software to be Installed

Microsoft Office Suite _____
 Other Software Needed:

Printers / Scanners to Connect

Make and Model Number	Connection: Local or Network?	If Network: IP Address?

Please note there is a two-week time frame for computers to be imaged, depending on current work load of imaging requests. All imaging requests are handled on a first come first serve basis.

The Division Coordinator's signature certifies that the division has purchased sufficient licenses to install the indicated software on this PC, and acknowledgement of the two-week timeframe.

***** Division Coordinator's Signature *****

Date