

## Computer Imaging Form

User Name: \_\_\_\_\_ Phone#: \_\_\_\_\_ Agency/Loc: \_\_\_\_\_

### Existing PC Details New PC Details

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