Information Technology Request

Date:

Employee Name:

Department:

Job title:

E-mail:

Phone:

How to contact you

◯ **E-mail**

◯ **Phone**

◯ **Cell Phone**

Describe the problem in detail:

-Please allow at least 2-3 Business Days for issue to be resolved.
-Items that need to be posted to the website/TV must be City-Related or pre-approved by the City Manager.
-Set-ups need to be submitted to the IT Department with **at least** 48 hours prior notice to allow for scheduling.
-Submit this form to itrequest@eaglepasstx.us
-*Please be aware that some items will take priority over others.*

Internal Use Only

Detailed description of work performed:

Method of Request

System:

Application:

Handled By	Hrs.	Date