**Service Request Form**

**Reference Code:**

1) Date of Request (mm/dd/yyyy): / / 

2) Name of Contact Person:  

3) Office: 

4) Address:  

5) Landline: 

6) Fax No. 

7) Mobile No. 

8) **DESCRIPTION OF REQUEST:** (Please clearly write down the details of the request.) 

**ACCOUNT UPDATE**

 Account update for:  
(Please check) 

- [ ] ONLINE  
- [ ] OFFLINE (for DOTS only)  

 Account information update on: (Please check)  

- [ ] Access Level (Region | Province | City/Municipality | Health Facility)  
- [ ] User Level (Validator | Encoder | Viewer)  
- [ ] Default Station (Area of Assignment – please provide location)  
- [ ] E-mail Address  
- [ ] Contact Number  
- [ ] Change of Surname  
- [ ] Account Deactivation (Just provide the 1st column and the reason anywhere in the remaining columns)  

<table>
<thead>
<tr>
<th>Name (First Name, M.I., Last Name) / User Name</th>
<th>From (Current)</th>
<th>To (Update)</th>
<th>E-mail Address</th>
<th>Contact Number</th>
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9. **APPROVED BY:**  

Name & Signature of Head of Office: ___________________________  

Date Signed: ___________________________  

Position: ___________________________  

(For Knowledge Management and Information Technology Service only)  

10. Date Received (mm/dd/yyyy): / /  
11. Time Received (hh:mm): :  
12. **ACTIONS TAKEN:** (Use separate sheet if necessary) 

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<tr>
<th>DATE (a)</th>
<th>TIME (b)</th>
<th>ACTION TAKEN (c)</th>
<th>ACTION OFFICER (d)</th>
<th>SIGNATURE (e)</th>
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13. **NOTED BY:**  

Name and Signature of Supervisor: ___________________________  

Position: ___________________________  

Date Signed: ___________________________  

DOH-KMITS-SRF