



HEALTH SCIENCES
Corporate Services



Welcome.

Please enter your Member ID and Password.

Member ID:

Password:

Language: ▼

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Service Requester

Todd Pentlichuk



Select an option:

- ▶ [Submit Service Request](#)
- ▶ [Service Request Status](#)
- ▶ [Profile](#)
- ▶ [Help](#)
- ▶ [Log-off](#)

Please add Request Room Numbers to the Description field. Specific account numbers for the charges please add into the SERVICE ACCOUNT field. Only 4 Levels of Location selection are required.

Please fill out the form below. When you are finished, click the Submit button below (you may need to scroll the page down with your mouse). Click on a field name for more information.

<

Name:

Phone:

Email:

Department: (Required)

If possible, please specify the closest Location or Asset that relates to your request. [If you know the Location or Asset ID, click here.](#) (This is not required)

Location / Asset: (Required)

Problem: (Required)

Short Description: (Required)

Service Account:

Submit

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- ▶ [Service Request Status](#)
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[Hamilton Health Sciences](#)

[McMaster Site](#)

[Main Building](#)

Location / Asset: (Required)

Problem: (Required)

Short Description: (Required)

Service Account:

Submit

Service Requester

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- ▶ [Service Request Status](#)
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- [Hamilton Health Sciences](#)
- [McMaster Site](#)
- [Main Building](#)
- [Level 2](#)
- [2E](#)

Location / Asset: (Required)

Problem: (Required)

Short Description: (Required)

Service Account:

Submit

Service Requester

Todd Pentlichuk



Select an option:

Please add Request Room Numbers to the Description field. Specific account numbers for the charges please add into the SERVICE ACCOUNT field. Only 4 Levels of Location selection are required.

Your request was submitted successfully. You may review your service requests [here](#).

Request #: 265862

Type: Corrective

Priority: 2 - Normal

Location /

Asset: FHS Female Locker Room 1J5

Short

Description: Lighting Problem - Lights burnt out in

Please replace.

Service

Account: 20.

Log-off

Print