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### 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:	Pentlichuk, Todd	]
Phone:	22501	]
Email:	pentlit@mcmaster.ca	]
Department:	Select 🗸	(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)  Hamilton Health Sciences	
Location / Asset:	14 27 1 1	(Required)
	Terror control	
Problem:	Select •	(Required)
Short Description:		(Required)
	<u></u>	1
Service Account:		]
Account.	Submit	T.















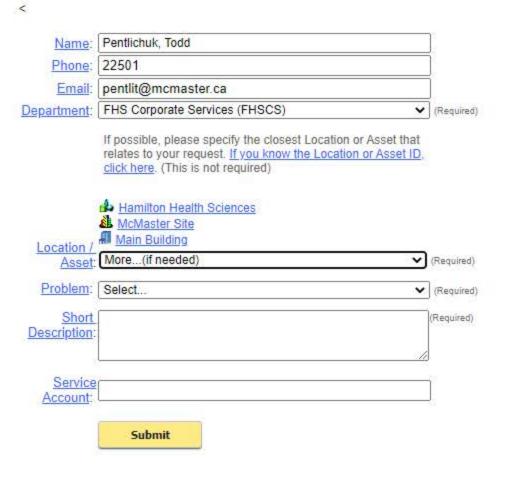


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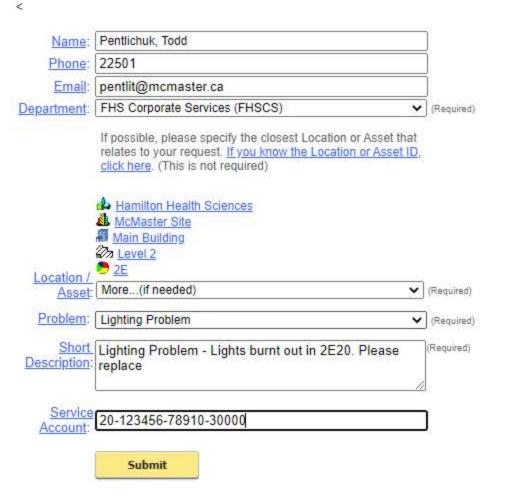


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Please add Request Room Numbers to the Description field. Specific account numbers for the charges please add into the SERVICE ACCOUNT field. Only 4 Levels of Location selection are required.

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

Print

Please replace.

Service Account: 20

Log-off