

Initial	Date
_____ Superintendent _____	
_____ Site Administrator _____	
_____ Business _____	
_____ MOT _____	
_____ Technology _____	

Technology Request for Event
This request is for staff only.

Date of Event: _____

If you are presenting at an event that requires technology, please complete this form at least 10 days prior to the event. This form does not take the place of a Facility Use Request Form. If this is an afterhours event and the technology department will not be in attendance, the responsible party will need to secure the equipment until the next business day when they can return it.

If specific instructions and layout are required, attach to this form a drawing to show placement.

Location: _____

Time Equipment is to be setup by: _____

Type of Device Being Used: _____

Type of Presentation: _____

Onsite Support Requested: Yes No

Equipment needed: _____

Responsible Party: _____

Telephone Number: _____

_____ Responsible Party Signature:

_____ Date