



Computer Imaging Form

User Name: _____ Phone#: _____ Agency/Loc: _____

Existing PC Details New PC Details

Blue State ID# _____	Blue State ID# _____
Model Number _____	Model Number _____
Service Tag _____	Service Tag _____
IP Address _____	IP Address _____
Property Disposition Yes No ()	On Domain () Standalone ()

Software to be Installed

Microsoft Office Suite, Adobe Reader, VLC are installed by default.
Please list any other Software Needed below:

Printers / Scanners to Connect

Make and Model Number	Connection: Local or Network?	If Network: IP Address?

Please note there is a two-week time frame for computers to be imaged, depending on current work load of imaging requests. All imaging requests are handled on a first come first serve basis.

The Division Coordinator's signature certifies that the division has purchased sufficient licenses to install the indicated software on this PC, and acknowledgement of the two-week timeframe.

*** Division Coordinator's Signature ***

Date