

CAMDEN BOARD OF EDUCATION

Technology Department

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Equipment Removal Request Form

Directions: PLEASE COMPLETE ALL REQUESTED INFORMATION ON THIS FORM AND RETURN TO THE TECHNOLOGY COORDINATOR OR DESIGNATED PERSON(S) FOR SUBMISSION INTO TROUBLE TRAKKER. Thanks for your assistance.

Frank Carter, Technician Manager

School Camden High School Date _____

Contact Person _____ Rm. No. _____ Phone No. _____

Equipment Type/Model _____

Serial Number _____ *(Must be filled in)*

District ID Code _____

Please state condition of equipment (working, not working, etc.)



Conformation TT ticket number _____