COLUMBUS STATE
COMMUNITY COLLEGE

Copier Request Form

Requestor's Name: _____

Requestor's Location: _____

Department: _____

Justification

Why is a new copier being requested? _____

_____

_____

When is the copier needed? _____

Can an existing copier be used? _____

Approximately how many impressions will the copier perform in a month?_____

What functions are needed on the copier? Fax _____   Scan _____   Print ___   Sort _____

Staple _____   3 Hole Punch _____

What paper sizes do you require? 8-1/2 x 11(letter) _____   8-1/2 x 14(legal) _____

11 x 17(ledger) _____

Please describe the exact location you would like to place the copier.

_____

_____

Does the location currently have the following outlets?

Electric   Voice   Data

Where is the closest copier located with respect to this location? _____

_____

Requestor's Signature: _____   **Date:** _____

Administrator Signature: _____   **Date:** _____