



SERVICE REQUEST FORM

Date:

Account Holder _____

User/Customer Name: _____

Name:

Name:

E-mail:

E-mail:

Dept./Company:

Phone:

Address:

Phone:

U of T users must provide FIS numbers:

Cost Centre/Internal Order:

CF Centre:

Fund:

Authorization valid from:

to

Requested Service Description:

Customer Signature

Authorized Account Holder Signature

Attention: Users are liable for the cost of any damage from misuse and/or abuse of equipment.

- Please complete and print this form. University of Toronto users must bring the completed form with their labelled samples to the Walter Curlook lab. Users from other Institutions should scan this form and e-mail to raiden.acosta@utoronto.ca