

## UVIC INTERNAL EQUIPMENT RELOCATION QUESTIONNAIRE

Please complete the form

Department Name:

1. Effective date of relocation:

2. Provide us Model# and Serial# for the unit that needs to be moved.

Model#:

Serial#:

3. Current location of the unit, complete address and contact information (Name, phone, cell phone if applicable, fax and e-mail) also alternate if current contact not available.

Address of current location:

Contact Name:

Contact phone# and E-mail:

4. Complete address and contact information of new location (Name, phone, cell phone if applicable, fax and e-mail) also alternate contact if current contact not available.

Address of new location:

Contact Name:

Contact phone# and E-mail:

Auto Toner Replenishment  
Contact Email:

FAST CODE:

Billing Contact Name:

Billing phone# and E-mail: