

INFORMATION AND COMMUNICATION SERVICES DIVISION

**WEB SERVICE REQUEST**

Note: Form must be typewritten. Please allow five days for processing.

**Section A**

DATA PROCESSING COORDINATOR INFORMATION	
Name:	
Dept./Div.:	
E-Mail Address:	Phone:
Signature of DP Coordinator:	Date:

**Section B**

REQUESTOR INFORMATION		
First Name:	M.I.:	Last Name:
Dept./Div./Br./Sec.		
E-Mail Address:	Phone:	Fax:

**Section C**

Details:
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ICSD Authorization:	Date:
Work Completed By:	Date Completed:

# Instructions

The “WEB SERVICE REQUEST” form is used to request for the Information and Communication Services Division to add/delete/modify a service, or to otherwise perform any web related action/service.

**Section A:**

Should be filled out with the Departmental DP Coordinator data. Form must be signed, and the signed form (not a fax nor a xerox copy) must be sent to:

Department of Accounting and General Services  
Information and Communication Services Division (ICSD)  
Public Information Access Section, Room B-20  
Honolulu, Hawaii 96813

**Section B:**

Complete the information about the person who is making the request.

**Section C:**

Use this section to provide any additional details/explanations/configurations/etc. pertaining to the service request, or attach a memo to explain the work to be done.