**University of Michigan / Xerox Managed Print Services**

**Move, Add, Change, Delete**

**(A Xerox representative will contact you within 24 hours to review your request)**

Instructions: Please complete this form and email to

[XeroxRequest@umich.edu](mailto:XeroxRequest@umich.edu)

**Purpose:** The purpose of this form is to notify Xerox of your department’s need to either Move, Add, Change or Delete a Xerox device within your department. Upon receipt of this form, a Xerox representative will contact you to discuss the request and capture the appropriate information needed to complete the action.

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| --- | --- | --- |
| Request for *Move, Add, Change or Delete* support | | |
| Requestor Name | Click here to enter text. | |
| Requestor Department | Click here to enter text. | |
| Requestor Telephone Number | Click here to enter text. | |
| Requestor Email Address | Click here to enter text. | |
| UM Approving Manager Name | Click here to enter text. | Date Enter Date |
| Local IT Contact Name & Phone Number | Click here to enter text. | Click here to enter text. |
| Local IT Email | Click here to enter text. | |
| Date of This Request | Click here to enter a date. | |
| Delivery Contact (if different from requestor): | Individual will be primary contact for equipment delivery (should be located at site) | |
| Name & Phone Number | Click here to enter text. | Click here to enter text. |
| Email address | Click here to enter text. | |
| Serial number | Click here to enter text. | |
| Asset # | Click here to enter text. | |
| Comments (Brief Description of Request) | Click here to enter text. | |