

REQUEST AV SERVICE FORM

This form must be completed in full for all audio/visual services requests and should be submitted as soon as possible to ensure a timely response. Every effort will be made to accommodate your request.

Name:

Date:

Email:

Phone:

Location/Building/Room #:

Date Needed By:

Equipment Problems:

- Multimedia Projector
- Document Camera
- Overhead (Transparency) Projector
- VHS Video Cassette Player
- VHS/DVD Player
- TV/VHS Combination Unit
- Television(s)
- Resident PC (in regards to projection and sound)
- Laptop (in regards to projection and sound)
- Microphone(s)
- Sound System
- Videoconference System
- Remote Control

Detailed Description:

SUBMIT THIS FORM TO:

Audio Visual Services, Folsom Lake College
10 College Parkway, Folsom, CA 95630
916-608-6516 (Phone), 916-608-6534 (Fax)
flc-avs@flc.losrios.edu