



REQUEST FOR REPAIR OR SERVICE OF EQUIPMENT

State Form 29978 (R4/11-08)

INDIANA DEPARTMENT OF TRANSPORTATION

LOGISTICAL SUPPORT CENTER

6400 East 30th Street

Indianapolis, In 46219

DATE: _____

TYPE OF EQUIPMENT _____ MAKE/MODEL _____

COMM / MCMS NUMBER _____ SERIAL NUMBER _____

LOCATION _____ LOCATION/FUNCTION NUMBER _____

SERVICE OR REPAIR REQUIRED (*Describe Briefly*) _____

SUBMITTED BY: _____ APPROVED BY _____

SUBDISTRICT SUPERINTENDENT

TELEPHONE NUMBER _____ TELEPHONE NUMBER _____

NOTE: This form to be prepared complete when service or repair is required. It is to be approved by the employee's supervisor and submitted to : Logistical Support Center

RETURN SIGNED FOR BY: _____ DATE _____

This is a (4) part form. The location will maintain a copy and forward the original PLUS (2) addition copies to the Logistical Support Center.