

CE001 (01)

**Service Request Form**

**We would like to request for:**

Photography of an event Videography of an event

|  |  |
| --- | --- |
| Event Title: |  |
| Location: |  | Time: |  | Duration: |  |
| Event Date: |  |
| Delivery Date: |  |

**We would like to request for Press Release:**

Yes No

Pre-Event Post Event

|  |  |
| --- | --- |
| Event Title: |  |
| Venue: |  |
| Date & Time: |  |
| Chief Guest & Other Guests: |  |
| Any other information that you would like to add: |  |

Requested By:

|  |  |
| --- | --- |
| Name: |  |
| Department/Office: |  |
| Email: |  | Mobile: |  |
| Signature: |  |
| Signature from Head of the Department/Office: |  |



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**Service Request Form (Feedback)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| (Please rate: 5 - Excellent; 1 - Not good at all) | **5** | **4** | **3** | **2** | **1** |
| On time presence of photographer / videographer |  |  |  |  |  |
| Sufficient presence of photographer / videographer |  |  |  |  |  |
| Delivery of photos / videos |  |  |  |  |  |
| Do you think that your event has been publicized adequately? |  |  |  |  |  |
| Overall satisfaction with your overall service experience |  |  |  |  |  |

|  |
| --- |
| Please give the details of your experience about our services: |

|  |
| --- |
| Do you have any suggestions that will help us enhance the way we provide services? |

Feedback completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: Manager

 Communications Office