



**Burlington Breakfast Rotary Club/Council of Aging  
Community Technology Assistance Initiative  
Request Form - 2020**

Name of Person Requesting Technical Assistance: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

English Proficiency: \_\_\_\_\_

Briefly explain the problem you are experiencing:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is the brand and model of your device (if you know it, if not what type of device is it)?

\_\_\_\_\_  
\_\_\_\_\_

Other \_\_\_\_\_

Would you like to attend COA Exercise and other activities? \_\_\_ Yes \_\_\_ No

Do you need help with any services other than technology? \_\_\_ Yes \_\_\_ No

*Reviewed and Approved by COA:* \_\_\_ Yes \_\_\_ No \_\_\_ Date \_\_\_\_\_

*Reviewed and Approved by Rotary:* \_\_\_ Yes \_\_\_ No \_\_\_ Date \_\_\_\_\_