**SSRS Report Request Form**

To better understand your report need, complete this form and fill in as many fields as possible. Required fields are indicated with an asterisk (\*). If you have report examples or print screens, please provide those samples when submitting this request.

Submit Date: 11/3/2015

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| **Contact Information** | | | | | | | | | | | | | | | | | | | | | | | |
| \*Name: |  | | | | | | | | | | | | | | | | \*Department: | | | |  | | |
| \*Phone/Extension: | | | | |  | | | | | \*E-mail: | | | | |  | | | | | | | | |
| **Report Information** | | | | | | | | | | | | | | | | | | | | | | | | |
| \*Describe the business purpose of report: | | | | | | | | | | | | | | | | | | | | | | | | |
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| \*List the fields to display on the report: | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| \*Page Orientation: | | | | |  | | | | | \*Page Size: | | | | | | | | |  | | | | \*Letterhead: |  |
| Parameters (i.e., MNI = ‘127589’): | | | | | | | | | | | | | | |  | | | | | | | | | |
| Filters (i.e., WHERE event\_code = ‘ACTIVE’): | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| Groups (i.e., GROUP BY Officer Name): | | | | | | | | | | | | | |  | | | | | | | | | | |
| Sorting (i.e., ORDER BY Cause Number): | | | | | | | | | | | |  | | | | | | | | | | | | |
| Summary/Total fields, indicate which fields will have a calculation or total and type of calculation: | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Report Deployment** | | | | | | | | | | | | | | | | | | | | | | | | |
| \*Reporting Services Folder where report will be located: | | | | | | | | | | | | | | | | | | | |  | | | | |
| If a new folder is needed, complete the following: | | | | | | | | | | | | | | | | | | | | | | | | |
| Folder Name: | | | |  | | | | | | | | | | | | | User Group: | | | |  | | | |
| \*Will this report be scheduled? | | | | | | | |  | | | | | | | | | | | | | | | | |
| If scheduled, who needs to be the recipients? (Enter email addresses, separated by commas) | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| Scheduling Information: | | | Frequency: | | | | | | | | | |  | | | | | | | | | | | |
| Execution Time: | | | | | | | | | |  | | | | | | | | | | | |
| Delivery format: | | | | | | |  | | | | | | | | | | | | | | | | | |
| \*Requested report due Date: | | | | | | | | | Click here to enter a date. | | | | | | | | | | | | | | | |
| ***Send completed form and document examples to the ITS Service Desk at:*** [***ITS.HelpDesk@traviscountytx.gov***](mailto:ITS.HelpDesk@traviscountytx.gov) | | | | | | | | | | | | | | | | | | | | | | | | |