



Radio Repair Form

Requestor Name: _____ Date: _____
 Requestor Email: _____ Campus: _____
 Department: _____ Lawson Cost Center: _____
 Manager's Name: _____ SMC Phone: _____
 Manager's Email: _____

Radio Model # _____ Radio Asset # _____
 Date problem started: _____ or Serial # _____

Problem (check all that apply):

- No Receive Dead
- No Transmit Low Receive Audio
- Intermittent Receive Unit will not hold a charge
- Intermittent Transmit *Other

*Please describe in as much detail as possible the problem you are experiencing with the radio, and if the problem occurs during specific times of the day and/or in specific locations:

Accessories included with radio (check any that apply):

- Antenna Charger Belt Clip
- Case/Holster Battery Other

To Be Completed by Facilities Management

Date to Service Shop: _____ Signature of Receiver: _____
 Date Returned by Service Shop: _____ Work Ticket #: _____

Attach copy of Service Shop Invoice to Work Ticket