ROWAN COUNTY 911 EM
EMERGENCY SERVICES
9-1-1 DIVISION
Be an original.

Radio Repair Request

Instructions: Reporting party needs to fill out sections A – H. Then print form and return to Telecommunications.

A: Vehicle Unit ID: _____

B: Radio/Equipment ID: _____

C: Radio/Equipment Serial Number: _____

D: Unit Make: ☐ Motorola ☐ Other (Specify): _____

E: Unit Type: ☐ Base/Control ☐ Portable ☐ Mobile
☐ MDT ☐ Other (Specify): _____

F: Describe Malfunction Fully:

_____

_____

_____

_____

G: Printed Name of Reporting Party: _____

Signature of Reporting Party: _____

Agency: _____ Date: _____

H: Replacement Loaner Requested: ☐ Yes ☐ No

For Telecommunications Office Use Only:

Received By: _____ _____
Name Date

Replacement Loaner Radio Number: _____

Date Contacted Shop: _____ Date Returned to Telcom: _____

Date Contacted to Pick Up: _____ Method: _____

Date Picked Up: _____ By Who: _____

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