

PAGER / RADIO REPAIR FORM

DATE: _____/_____/_____

DEPARTMENT: _____

CONTACT NAME: _____ PHONE: _____

SHIPPING ADDRESS: _____ BILLING ADDRESS: _____

PAGER: Minitor II Minitor III Minitor IV Minitor V VP100 VP200 V2 Other _____

RADIO: Motorola Kenwood Other _____

MODEL# _____ SERIAL # _____

OTHER: _____

FAILURES:

- | | | |
|---|---------------------------------------|--|
| <input type="checkbox"/> AUDIO | <input type="checkbox"/> BATTERY DOOR | <input type="checkbox"/> SWITCH |
| <input type="checkbox"/> NO RECEIVE | <input type="checkbox"/> NO TRANSMIT | <input type="checkbox"/> CHARGING |
| <input type="checkbox"/> POOR RANGE | <input type="checkbox"/> CLOTH CASE | <input type="checkbox"/> SQUELCH |
| <input type="checkbox"/> DAMAGED | <input type="checkbox"/> FREQ. CHANGE | <input type="checkbox"/> TONE FREQ. |
| <input type="checkbox"/> Internal | _____ | _____ |
| <input type="checkbox"/> External | (old freq.) | (new freq.) |
| <input type="checkbox"/> CHECK OPERATIONS | <input type="checkbox"/> STORED VOICE | <input type="checkbox"/> RESET |
| <input type="checkbox"/> LIGHT | <input type="checkbox"/> INTERMITTENT | <input type="checkbox"/> BUTTONS/KNOBS |
| <input type="checkbox"/> VOLUME | <input type="checkbox"/> NO PAGE | <input type="checkbox"/> SWITCH |
| <input type="checkbox"/> VIBRATOR | <input type="checkbox"/> REPROGRAM | <input type="checkbox"/> ACCESSORIES |
| | _____ | <input type="checkbox"/> Ant. <input type="checkbox"/> Battery <input type="checkbox"/> Clip |
| <input type="checkbox"/> OTHER: _____ | | <input type="checkbox"/> Dust cover <input type="checkbox"/> Mic |
| | | <input type="checkbox"/> Headset <input type="checkbox"/> Handset |
| | | <input type="checkbox"/> Other: _____ |

COMMENTS/ REQUEST:

Please be as specific as possible when identifying the problem with the pager / radio. This will allow us to get the pager / radio back to you in a timely matter.

If you have any questions regarding this form, pager or radio that was sent in for repairs, please contact **Jim Knouse** for pagers or **Randy Faaborg** for radios.

Please complete this form for EACH pager / radio and attach it to the malfunctioned device.

Mailing Address:

3239 West 2nd Street
P.O. Box 2151
Grand Island, NE 68802

Phone - 308-381-8434
Toll Free -888-669-1931
Fax- 308-381-2801