



EMERGENCY SERVICES

Be an original.™

Radio Repair /Service Request

Instructions: Reporting party needs to fill out sections A – H. Completed form needs to be turned into Katie Greene at katie.greene@rowancountync.gov.

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/Request Fully:

G: Printed Name of Reporting Party: _____

Signature of Reporting Party: _____

Agency: _____ Date: _____ Contact Number: _____

H: Replacement Loaner Requested: _____ Yes _____ No

For Telecommunications Office Use Only:

Received By: _____
Name Date

Broken Radio Fixed Asset Tag: _____

Replacement Loaner Radio Number: _____

Date Contacted Shop: _____ Method: _____ Person Pick Up: _____

Date Returned to Telcom: _____ Person returned: _____

1090 Corporate Center Dr. Salisbury, NC 28146

[p] 704.216.8507

<https://rowancountync.gov/radiorepair>