

**TELECOMMUNICATION & UTILITIES DEPARTMENT  
EQUIPMENT REPAIR ORDER FORM**

Department Name \_\_\_\_\_ Date: \_\_\_\_\_

Requestor's Name \_\_\_\_\_ Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax #: \_\_\_\_\_

Dept. Approval: \_\_\_\_\_

(For Customer Owned Equipment, Dept. will be charged for all services requested)

Vehicle/Unit No.: \_\_\_\_\_ Other: \_\_\_\_\_

Serial Number: \_\_\_\_\_

(Serial Number to the radio equipment, very important, work order will not be processed without it!)

Description of Service Request: (Please check all that apply)

Remove mobile radio only

Remove mobile radio/siren/code 3 lights

Remove mobile radio w/siren

Install mobile radio/siren/code 3 lights

Install mobile radio w/siren

Radio reprogram

Install mobile radio only

Radio not transmitting

Radio not receiving

Other, please specify:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TO BE FILLED BY TELECOMMUNICATION & UTILITIES DEPARTMENT**

APPROVAL

ACKNOWLEDGED

(bill to customer)

Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
(Telecommunications & Utilities Department-Authorized Personnel)

Account Number: \_\_\_\_\_

**TO BE FILLED BY NCC SYSTEMS, INC.**

Service order #: \_\_\_\_\_ Serial #: \_\_\_\_\_

Service Date: \_\_\_\_\_ Model #: \_\_\_\_\_

Maintenance: \_\_\_\_\_ Service: \_\_\_\_\_ Fee: \_\_\_\_\_

Remarks/Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_