

PAGER / RADIO REPAIR FORM

DATE: _____ / _____ / _____

DEPARTMENT: _____

*CONTACT NAME: _____ *PHONE: _____

SHIPPING ADDRESS: _____ BILLING ADDRESS: _____

PAGER: Minitor II Minitor III Minitor IV Minitor V VP100 VP101 VP200 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 |

- OTHER: _____
- Ant. Battery Clip
 Dust cover Mic
 Headset Handset
 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, page 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.
 For more forms please go to www.midlandtelecom.net

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