

1808 Janke Dr, Ste E **DMMUNICATIONS** 847-298-4000 Fax 847-412-0636

## RADIO REPAIR FORM **BILL TO: SHIP TO** (IF DIFFERENT FROM BILL TO): NAME NAME **ADDRESS ADDRESS** CITY, STATE ZIP CITY, STATE ZIP PHONE **PHONE** DATE BILLING CONTACT/EXT. P.O. NUMBER CONTACT/EXT. (IF DIFFERENT) DEPT. **SERIAL NUMBER INCLUDED ACCESSORIES** MODEL NUMBER BATTERY $\square$ ☐ MICROPHONE CHARGER □ PLEASE DO NOT SEND REMOVEABLE ANTENNA OR OTHER PERIPHERALS THAT DO NOT NEED TESTING OR REPAIR. BATTERIES WILL BE TESTED AND IF FOUND BAD, REPLACED UNLESS OTHERWISE INSTRUCTED CHECK ALL THAT APPLY: ☐ RECEIVER PROBLEM **☐ NO RECEIVE AUDIO ☐** TRANSMIT PROBLEM **☐ NO TRANSMIT AUDIO ☐ NO POWER (DEAD)** ☐ REPEATER NO CONNECT TONE ☐ RANGE PROBLEM ☐ CONSTANT TONE ☐ INTERMITTENT NO RECEIVE ☐ DISPLAY PROBLEM ☐ PHYSICAL DAMAGE ☐ INTERMITTENT NO TRANSMIT **DETAILED DESCRIPTION OF PROBLEM:**