Agency:enter text. Division: enter text. Optional Agency Order #: enter text.

State Owned: [ ]  Vendor Provided: [ ]

Wireless Number: enter text. Device Manufacturer: enter text. Device Model: enter text.

Type of Problem:

Battery Not Charging [ ]  Cannot Call Out [ ]  Cannot Receive Calls [ ]  Problem with Keypad [ ]

Problem with Data [ ]  Other enter text. Additional Comments: enter text.

If State owned, should repair be covered by warranty? Yes [ ]  No [ ]  If yes, date of purchases? enter text.

If State owned, want estimated cost of repair provided by Vendor: Yes [ ]  No [ ]

Billing Information:

Bill on Account Number: enter text.

Name: enter text.

Mailing Address: enter text.

Contact Telephone Number: enter text.

Shipping Information:

Agency Name enter text.

Attn: enter text.

Mailing Address enter text.

Comments: enter text.

Form submitted by authorized representative:

Name: enter text.

Contact Telephone Number: enter text.

Date: enter text.

Email this form to: David Holznecht at dh7970@att.com w/SOW – (Agency Name) in the subject line.

**Upon receipt of loaner, repaired, or new equipment, return faulty or loaner equipment with a copy of this form.**

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*FOR VENDOR USE\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

Equipment Received by: Date:

Loaner equipment (for this request) shipped by: Date:

Repair performed:

Charge:

Comments:

Repaired equipment (for this request) shipped by: Date:

**VENDOR: Return a copy of this form w/the loaner, repaired or new equipment, along with instructions for activation of the equipment.**

**If this equipment is vendor provided and you believe this is a chargeable situation, discuss/resolve with the Agency’s Telecom Manager prior to repair.**