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](mailto: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.**