Winchester Fire and Rescue Department

RADIO MAINTENANCE REQUEST

Personnel Making Request: _____ Date: _____

Radio Equipment: (circle one) MOBILE PORTABLE PAGER Other _____

Accessory Type: (circle one) STRAP BATTERY ANTENNA Other _____

Radio Model #: _____ Serial # _____

Describe Problem:

_____
_____
_____
_____
_____
_____
_____
_____

Do Not Write Below

Solution:

_____
_____
_____
_____
_____
_____
_____
_____

Equipment Status: (circle one) Replaced O.O.S. Repaired and Returned

Repair by: _____ Date: _____