



MECKLENBURG COUNTY
Fire Marshal's Office

Communications Equipment Repair Form

Department: _____ Date: _____

Radio

Description of problem: (please be specific)

Unit assigned to: _____

Pager

Description of problem: (please be specific)

Unit assigned to: _____

Tones: (fire, ems, chief) _____

FMO Date Received: _____

Date Shipped: _____

Date Returned: _____