



# REPAIR REQUEST FORM

CNS Wireless, 2484 Shattuck Avenue

<http://wireless.berkeley.edu>

**Your contact information:**

NAME: \_\_\_\_\_

DEPT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELE NO: \_\_\_\_\_

**Alternate contact info (if different then contact information above)**

NAME: \_\_\_\_\_

TELE NO: \_\_\_\_\_

**Information of equipment you are requesting repair for:**

*(please check one)*        How many?

Type of Equipment:        \_\_\_\_\_ cellular    Phone number(s): \_\_\_\_\_

   \_\_\_\_\_ radio    Serial number(s) \_\_\_\_\_

   \_\_\_\_\_ pager    Pager number(s) \_\_\_\_\_

   \_\_\_\_\_ other: (specify) \_\_\_\_\_

Time Submitted: \_\_\_\_\_ AM / PM

Date Submitted: \_\_\_\_\_

**Problems :**

Please describe problem in as much detail as possible.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

By signing the form below you agree that the information provided was accurate to your best knowledge.

Sign Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

**CNS Staff only:**

Equipment received by: \_\_\_\_\_