



RETURN OF EQUIPMENT FORM

IST Wireless, Hearst Field Annex (HFA) D25

<http://wireless.berkeley.edu>

email: wireless@berkeley.edu

Please fill out all of the "required" information to properly apply to your account.

Your contact information:

NAME: _____

DEPT: _____

ADDRESS: _____

TELE NO: _____

Alternate contact info (if different then contact information above)

NAME: _____

TELE NO: _____

Information for equipment you are returning:

(please check one) How many? _____

Type of Equipment: cellular Phone number(s): _____

 radio Serial number(s) _____

 pager Pager number(s) _____

 other: (specify) _____

Time Returned: _____

Date Returned: _____

Reason for return. Please describe problem in as much detail as possible.

By signing the form you agree that the below information is accurate to your best knowledge. You also agree that you will continue to be billed until an disconnect order is submitted via IST Shopping Cart.

Sign Name: _____

Print Name: _____

CNS Staff: Received by: _____ Time received: _____ Date received: _____