



South Plains EMS Communications Committee

Request for Radio Repair, Additional Equipment or Change in Equipment

Please complete all information. Submit this form to SPEMS by mail, fax or email. All repairs **MUST** have prior authorization from SPEMS. All unauthorized repairs, additions, or changes will be the responsibility of the requesting agency or individual.

| | | | |
|-----------------|---------------|--------|-------|
| Contact Agency: | _____ | | |
| Contact Name: | _____ | Title: | _____ |
| Address: | _____ | | |
| City: | _____ | State: | _____ |
| | | Zip: | _____ |
| Phone: | _____ x _____ | Cell: | _____ |
| Email: | _____ | Fax: | _____ |

| | | | |
|---|-------|----------------------|-------|
| County: | _____ | Primary MED Channel: | _____ |
| Description of Problem or Request (please be as detailed as possible. Include additional documentation if necessary.) | | | |
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Office Use Only

| | | | |
|------------------------|-------|--------------------|-------|
| Received by: | _____ | Date/Time: | _____ |
| Forwarded to: | _____ | Date/Time: | _____ |
| Repairs Authorized by: | _____ | Date/Time: | _____ |
| Bill to: | _____ | Estimate: | _____ |
| Forwarded to Vendor: | _____ | Date/Time: | _____ |
| Invoice #: | _____ | Total: | _____ |
| | | Repairs Completed: | _____ |
| Comments: _____ | | | |
| _____ | | | |
| _____ | | | |