

# TWO WAY RADIO EQUIPMENT WORK ORDER

(Complete one work order form per equipment)

Department Name: \_\_\_\_\_ Date: \_\_\_\_\_

Requestor's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Contact #: \_\_\_\_\_

Email: \_\_\_\_\_

(For Customer Owned Equipment, Dept. will be charged for all services requested)

### Request for:

- Repeater/Base Station
- Dispatch Console
- Portable Radio
- Mobile Radio/Vehicle #: \_\_\_\_\_

### Equipment Information:

Serial Number: \_\_\_\_\_  
Model Number: \_\_\_\_\_  
Manufacture Name: \_\_\_\_\_

### Equipment Ownership:

- Frontier Leased
- Customer Owned
- NNTU Purchased

NN Property Tag #: \_\_\_\_\_

### Description of Service Request: (Please Check all that apply)

<input type="checkbox"/>	Removal
<input type="checkbox"/>	Installation
<input type="checkbox"/>	Not receiving
<input type="checkbox"/>	Not transmitting

<input type="checkbox"/>	Program
<input type="checkbox"/>	Power issues
<input type="checkbox"/>	Antenna
<input type="checkbox"/>	Accessories

<input type="checkbox"/>	Equipment
<input type="checkbox"/>	Equip. Return
<input type="checkbox"/>	Equip. Testing
<input type="checkbox"/>	Other:

Specify problem: \_\_\_\_\_

## TO BE COMPLETED BY NN TELECOMMUNICATION & UTILITIES

NNTU Job Ticket #: \_\_\_\_\_

Shopware Entry: \_\_\_\_\_

Customer Billing Account #: \_\_\_\_\_

## TO BE COMPLETED BY TECHNICIAN

Date: \_\_\_\_\_ Serial Number: \_\_\_\_\_

Time Start: \_\_\_\_\_ Model Number: \_\_\_\_\_

Time Stop: \_\_\_\_\_ Manufacture Name: \_\_\_\_\_

Miles Driven/Hours: \_\_\_\_\_ Property Number: \_\_\_\_\_

Total hours spent: \_\_\_\_\_

Work Completed: \_\_\_\_\_

NNTU Signature/Date: \_\_\_\_\_

Customer Signature/Date: \_\_\_\_\_