

# Radio Repair Form

Attach form to radio and drop off or ship to your local J&K office.



Columbia City • 222 Towerview Drive • Columbia City, IN, 46725  
Indianapolis • 8212 Country Club Place • Indianapolis, IN 46214  
Fort Wayne • 226 East Collins Drive • Fort Wayne, IN 46825  
Kokomo • 522 Belvedere Drive, Suite 102 • Kokomo, IN 46904

## Customer Information:

Ship To: Company Name: \_\_\_\_\_ Point of Contact: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Bill To: Company Name: \_\_\_\_\_ Point of Contact: \_\_\_\_\_  
PO Box or Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Radio Unit Information:

Manufacturer : \_\_\_\_\_ Model # \_\_\_\_\_ Serial # \_\_\_\_\_

### Accessories Included:

- |                                      |                                       |  |
|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Battery     | <input type="checkbox"/> Headset      | <input type="checkbox"/> Side Cover    |
| <input type="checkbox"/> Antenna     | <input type="checkbox"/> Charger      | <input type="checkbox"/> Belt Clip     |
| <input type="checkbox"/> Speaker Mic | <input type="checkbox"/> Power Supply | <input type="checkbox"/> Strain Relief |

Other, please describe: \_\_\_\_\_

### Symptoms:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> No/Low Power    | <input type="checkbox"/> Dead                 | <input type="checkbox"/> Needs Reprogrammed |
| <input type="checkbox"/> No Receiving    | <input type="checkbox"/> Intermittent TX / RX | <input type="checkbox"/> Broken Belt Clip   |
| <input type="checkbox"/> No Transmit     | <input type="checkbox"/> Constant Tone        | <input type="checkbox"/> PM Check           |
| <input type="checkbox"/> No/Low Audio    | <input type="checkbox"/> Damage               |   |
| <input type="checkbox"/> Battery Problem | <input type="checkbox"/> Volume Control       |   |

Other, please describe problem: \_\_\_\_\_

Do you need an estimate before a repair is made?  Yes  No

Return Method:  UPS Ground / Collect  Customer Pick-Up  FedEx Ground / Collect  
Collect #: \_\_\_\_\_ Collect #: \_\_\_\_\_

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