



Service Repair Form

Radio Information

Model: _____

Serial Number: _____

Date of Purchase (if known): _____

Contact Information

Name: _____

Phone Number: _____

E-Mail: _____

Company: _____

Problem:

No Receive Dead No Transmit Low Receive Audio
 Intermittent Receive Won't Charge Intermittent Transmit
 Other: _____

Note: Please Include Battery and Charger if Possible

Accessories Included In Shipment:

Antenna Charger Belt Clip Carrier/Holster Battery Other: _____

Return Shipping Address:

Street Address:

City:

State:

Postal Code:

Billing Address (if not the same):

Street Address:

City:

State:

Postal Code:

Please print, fill out and mail completed form with corresponding radio to:

Roe-Comm., Inc
1400 Ramona Ave
Portage, MI 49002