



Clint Independent School District  
Radio Repair Request & Transfer Form



Requested By: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Unit #	Brand / Model	Serial Number	Person Assigned To:	Area of Service, i.e. Clint, Montana, Horizon

Description of Problems and Symptoms:  
\_\_\_\_\_

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Description of Problems and Symptoms:  
\_\_\_\_\_

Received By: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Estimated Date of Completion: \_\_\_\_\_

Signature of Receiver: \_\_\_\_\_