Please fill out all of the information below.

Your contact information

Name: 
Dept: 
Address: 
Telephone: 

Alternate contact information (if different from the contact information above)

Name: 
Telephone: 

Information for equipment you are returning

Please check one

Type of Equipment

☐ cellular

How many? ______________ Phone number(s): ____________________________

☐ Radio

Serial number(s): ____________________________

☐ Pager

Pager number(s): ____________________________

☐ Other

Specify: ____________________________

Time Returned ____________________________

Date Returned ____________________________

Reason for return. Please describe problem in as much detail as possible.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

By signing this form you agree that the above information is accurate to the best of your knowledge. You also agree that you will continue to be billed until a disconnect order is submitted via the IST Shopping Cart.

Signature ____________________________

Print Name ____________________________

Wireless Staff Received by: ____________________________ Time Received: ______ Date Received: ________