



PUBLIC SAFETY CAMPBELL COUNTY FIRE-EMS-911



Radio Request

Date: _____

Department: _____ Person Making Request: _____

Reason For Request: New Member Lost/Stolen Radio Damaged/Destroyed
 (Insurance Form Must Be Completed for Stolen or Damaged Radio) (Damaged/Destroyed Radios must be returned)

Radio To Be Issued To: Name: _____ PTT ID: _____

Signature of Chief, Captain, or Communications Officer: _____

Please email this form to Jonaaron Evans: jmevans@co.campbell.va.us or Fax: 434-332-2957. Any questions call 434-332-9872.

Public Safety Use Only:

Make of Radio Issued: _____ Model Number of Radio: _____

Serial Number of Radio: _____ PTT ID Assigned: _____

Duplicate PTT ID: No Yes if Yes, Reason: _____

Alias on Console: _____

Issued By: _____ Date: _____