



RETURN FOR REPAIR FORM

No RMA is Required

Please complete a copy of this form for each module and attach it to the unit.

Date: _____ Purchase Order Number: _____

Billing address: _____ Shipping Address: _____

Name of equipment end user: _____

Contact person: _____ E-Mail: _____

Telephone: (____) _____ Fax: (____) _____

Unit part number: _____ Serial Number: _____

Detailed description of the problem experienced with this unit:

**(If returning a radio, please include the interface board)
(Please pack heavy items separately)**

**Ship Repairs To: Whelen Engineering Company
Attn: Public Warning Service Department
51 Winthrop Road
Chester, CT 06412**

12212016

51 WINTHROP ROAD, CHESTER, CT, USA 06412-0684
TELEPHONE: (860) 526-9504 FAX: (860) 526-4784
www.whelen.com