

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 use	er:
Contact person:	E-Mail:
Telephone: ()	Fax: ()
Unit part number:	Serial Number:
Is this unit a Material Excha	ange? Yes No
Detailed description of the	problem experienced with this unit:
	<u>V</u>
(Completely fill the e	elude the interface board and provide the Frequencies) empty space with shock-absorbing material) e pack heavy items separately)
	en Engineering Company Public Warning Service Department

Form MN-056,10-17-2023

51 Winthrop Road Chester, CT 06412