

PDT SERVICE REQUEST
OFFICE OF EMERGENCY MANAGEMENT COMMUNICATIONS
CHICAGO POLICE DEPARTMENT

DATE SUBMITTED

PDT NO.	VEHICLE NO.	CPD NO.
NAME	STAR/EMPLOYEE NO.	
DISTRICT/UNIT NO.	PHONE NO.	

AN EXPLANATION NEEDS TO BE GIVEN FOR EVERY PROBLEM (S) CHECKED. THIS REQUEST WILL NOT BE ACCEPTED WITHOUT A PROBLEM OR ERROR STATED ON THIS REQUEST.

DISPLAY/TOUCH SCREEN MALFUNCTION

BATTERY MALFUNCTION

LOG ON/LOG OFF MALFUNCTION

AUDIO MALFUNCTION

PHYSICAL DAMAGE (A To-From Report is required)

IN/OUT RANGE TROUBLE - LOCATIONS

APPLICATION MALFUNCTION - APPLICATION NAME - ANY ERROR MESSAGE DISPLAYED AND WHAT MESSAGE STATED

OTHER

REPORTING OFFICER'S SIGNATURE	SUPERVISOR APPROVAL	NAME/RANK STAR NO.
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EMMD ONLY

RECEIVED BY (NAME)	ID. NO.	DATE RECEIVED MALFUNCTIONED PDT
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OEMC ONLY

TRIAGE TECHNICIAN (NAME)	ID. NO.	DATE RECEIVED FOR REPAIR	REPAIR COMPLETION DATE
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TYPE OF REPAIR	PARTS REPLACED
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EXPLANATION OF REPAIR

TECHNICIAN (NAME)	ID. NO.	DATE RECEIVED FOR REPAIR	REPAIR COMPLETION DATE
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TYPE OF REPAIR	PARTS REPLACED
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EXPLANATION OF REPAIR

TECHNICIAN (NAME)	ID. NO.	DATE RECEIVED FOR REPAIR	REPAIR COMPLETION DATE
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TYPE OF REPAIR	PARTS REPLACED
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EXPLANATION OF REPAIR