

**York County Fire Service
Alpha Pager Work Order
Repair /Replacement Request**

Date Sent by Department	Date Received at DFS
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*** MUST BE FILLED IN**

*Department *Name	
*Pager Number	
*Pager Serial No. "IF READABLE"	
Contact Number & Name	

Date Sent to Shop	
Sent By	Rickey Wilson
*Problem Indicated "MUST BE COMPLETED"	
Other comments	

Repairs Made	
Date Returned	
Picked Up By	

The Fire Board request that all pagers to be repaired be sent to the Department of Fire Safety and they will send to the Dept. of Public Safety and maintain a record of repairs.