

This authorization must accompany each piece of equipment when it is presented to the Equipment Repair Center for Service.

SECTION I - AGENCY INFORMATION

Name of Agency WARREN COUNTY SHERIFF'S OFFICE		Today's Date 6/3/09
Address 1400 STATE ROUTE 9		City, State, ZIP LAKE GEORGE, NY 12845
Contact Person SGT RALPH J. BARTLATT		Contact Telephone (518) 743-2500
Contact Telephone	Contact Facsimile (518) 743-2524	Contact Email RALPH.BARTLATT@SHERIFF.CO.WARREN, NY. U.S.

SECTION II - INSTRUMENT INFORMATION

Instrument Manufacturer NPAS		Model Number DATA MASTER DMT
Instrument Serial Number 144506	Antenna Serial Number (if applicable) -	
Date of Malfunction 6/1/09	Type of maintenance (circle appropriate) <input checked="" type="radio"/> Calibration Check <input type="radio"/> Repair	
Brief Description of Malfunction SC LOW TEMP.		
List all parts, cables and/or accessories being submitted. Tuning forks must accompany all radar units. ALL CABLES, INCLUDING SIMULATION FOR CALIBRATION		
I acknowledge I am signing this Service Authorization Form as an act and deed of said agency, organization, or municipality, and that I am duly authorized to sign same for the uses and purposes mentioned herein.		
Signature SGT Ralph Bartlatt		Date 6/3/09

DCJS USE ONLY