
ALERTS

Department number _____
Department Name _____
Address _____
City, State, Zip: _____
ALERTS Manager Name: _____
Phone Number w/ Area Code: _____
Fax Number w/ Area Code: _____
Email address: _____

Mobile Data Terminal Information

Additional Replacement

Dept. ALERTS Number _____ Mobile PID Number _____ Authority ID No:

Terminal Serial Number _____

Unit Number on Vehicle _____

Date Registered: Monthly Billing Rate: Partial Monthly Billing Rate

Dept. ALERTS Number _____ Mobile PID Number _____ Authority ID No:

Terminal Serial Number _____

Unit Number on Vehicle _____

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