

LAST NAME - FIRST NAME - MIDDLE INITIAL		DATE OF BIRTH	DATE
LAST FOUR DIGITS OF YOUR SOCIAL SECURITY NUMBER		DEVICE INFORMATION	
ADDRESS (<i>Street No., City, State and Zip Code</i>)		MAKE	MODEL
		SERIAL NUMBER(S)	
THIS ADDRESS IS: <input type="checkbox"/> PERMANENT <input type="checkbox"/> TEMPORARY			
SECTION I - REPAIRS			
DESCRIPTION OF DEFECTS (<i>Please check applicable box(es)</i>)			
<input type="checkbox"/> DEAD	<input type="checkbox"/> FADES	<input type="checkbox"/> INTERMITTENT	<input type="checkbox"/> TELE COIL DEAD/WEAK
<input type="checkbox"/> NOISY	<input type="checkbox"/> WEAK	<input type="checkbox"/> DISTORTED	<input type="checkbox"/> EXCESSIVE BATTERY DRAIN
SECTION II - ACCESSORIES			
ITEM(S) NEEDED			
REMARKS			

VA FORM 1107, OCT 2006 (R)

REQUEST FOR REPAIRS, AND/OR ACCESSORIES

Please print a copy and fill out completely all items in top section and Section I. Enclose in the shipping box along with the device needing repair. When accessories are needed for the device, complete Section II.

Mail to:

VA Denver Acquisition & Logistics Center (001AL-A2-4)
 PO Box 25166
 Denver, CO 80225-0166