State of California
California Governor's Office of Emergency Services

PRE-INSTALLATION CLIENT REQUEST

TDe-215 (REV. 11/2014)

PUBLIC SAFETY COMMUNICATIONS

Print Form

This form is only required for invoicing when the "Hourly Installation Rate" check box is marked on the TDe-213

VEHICLE INFORMATION

Year _____ Make _____ Model _____

VIN _____ License _____ Color _____

INSTALL/REMOVAL

Equipment	Location
Control head / Mic	
Antenna	
Radio speaker	
RF Package	
Wig-wag/backflash	
Siren speaker	
Control switches	
Special instructions	

If for any reason work cannot be completed as written, work will stop and customer will be consulted.

Print Name _____ Date _____

Signature _____ Date _____

Comments