



**MOTOROLA SOLUTIONS**

STARCOM21 NETWORK

**STARCOM21 Radio Service – Information Form**

**Billing :**

Agency Name: \_\_\_\_\_

Address (Mailing): \_\_\_\_\_

Address (Physical): \_\_\_\_\_

City: \_\_\_\_\_ County : \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_

Billing Cycle: Monthly \_\_\_\_ Quarterly \_\_\_\_ Annually \_\_\_\_

Email Address for Invoice \_\_\_\_\_

.....  
**Notification for Contract Purposes:**

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail: \_\_\_\_\_

.....  
**Notification for Scheduled and Non-Scheduled Maintenance:**

During Business Hours: Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail \_\_\_\_\_

After Business Hours: Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail: \_\_\_\_\_

.....  
**Person(s) responsible for assigning IDs for agency:**

Name(s) \_\_\_\_\_ Phone Number: \_\_\_\_\_

Agency \_\_\_\_\_

**Personnel Authorized to make changes on your account:**

\_\_\_\_\_  
Name of Person Completing Form

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature & Date