



**SPECTRUM USER INTERFERENCE REPORT FORM**

Nature of Interference .....

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Date first observed: .....yy.....mm.....dd

Frequency(ies) affected: Tx.....Rx.....

How determined.....

.....

Action taken to resolve interference.....

.....

Result of such action.....

.....

Date reported to the SMA. ....yy.....mm.....dd

By what form of communication .....

Name of person making the report.....

Name of Company.....

Address.....

Contact number.....

Signature.....Date.....

*NB: Further information may be supplied on separate sheets*

*Fax to: 960 8981*