

# Radio/Television Interference Questionnaire



Tick appropriate box

## Aerial (Television Only)

Has the aerial of the affected reception been serviced recently?:  
(Note: If you have an indoor aerial RSM will not investigate).

Yes  No

## Receiver (Television & Radio)

Has the receiver of the affected TV and Radio been serviced recently?:

Yes  No

## Interference

Which channel or station is affected?

Are any neighbours experiencing the same problem?

Yes  No

Do you have a second receiver?

Yes  No

If Yes, does it have the same problem?

Yes  No

Does the interference occur during the daytime?

Yes  No

If TV, are both picture and sound affected?

Yes  No

Have you previously reported interference?  
(if Yes, give approximate date)

Yes  No

If TV, please describe what your interference problems may look/sound like:

**Help:** [view pictures of interference problems](#) and copy the related title (eg: ghosting) in the below box.

Please show timing of the interference:

Date	Time	Duration
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

## Declaration

In requesting Radio Spectrum Management to investigate my radio/television reception problem, I confirm that I have attempted to resolve the problem myself using the information provided in this pamphlet, and/or have requested assistance from a local service technician.

Signature

Date

 /  / 

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone – Home: \_\_\_\_\_

Phone – Work: \_\_\_\_\_

Cellphone: \_\_\_\_\_

**PLEASE COMPLETE and  THIS PAGE or  and COMPLETE and RETURN TO:**

Radio Spectrum Management, Private Bag 4714, Christchurch 8140 **OR** fax to +64 03-962 2700.