## MAIL TO:

## **DEPARTMENT OF VETERANS AFFAIRS**

Denver Acquisition & Logistics Center (001AL-A2-4) P.O. Box 25166 Denver, CO 80225-0166

For additional information, visit: <a href="https://www.va.gov/opal/nac/dlc/accessories.asp">https://www.va.gov/opal/nac/dlc/accessories.asp</a>.

1. PRINT LAST NAME - FIRST NAME - MIDDLE INITIAL	
2. PRINT ADDRESS (Street No., City, State, and ZIP Code)	
3. E-MAIL ADDRESS	
4. THIS ADDRESS IS	5. PRINT LAST FOUR DIGITS OF YOUR
NEW PERMANENT	SOCIAL SECURITY NUMBER
NEW TEMPORARY	
6. DATE	
Please send a six month supply of batteries	
for the following device(s):	
BRAND NAME	
5.05.0	
MODEL	
-	
SERIAL NUMBER(S)	
,	
BATTERY TYPE	
AND/OR SIZE	
ACCESSORIES FOR DEVICE(S)	
(Shipped separately from batteries)	

VA FORM JUL 2010 **2346a** 

REQUEST FOR BATTERIES & ACCESSORIES