

ATTACHMENT F - VENDOR REFERENCES

DETAIL REFERENCES - PLEASE LIST MINNESOTA AGENCIES THAT ARE ACTIVE SITES

RMS REFERENCE (1):

Customer Name:

Address:

City:

State:

Zip:

Contact Name:

Telephone:

Fax:

E-Mail:

No. of Years Installed:

RMS REFERENCE (2):

Customer Name:

Address:

City:

State:

Zip:

Contact Name:

Telephone:

Fax:

E-Mail:

No. of Years Installed:

RMS REFERENCE (3):

Customer Name:

Address:

City:

State:

Zip:

Contact Name:

Telephone:

Fax:

E-Mail:

No. of Years Installed:

MOBILE / FIELD REPORTING REFERENCE (1):

Customer Name:

Address:

City:

State:

Zip:

Contact Name:

Telephone:

Fax:

E-Mail:

No. of Years Installed:

MOBILE / FIELD REPORTING REFERENCE (2):

Customer Name:

Address:

City:

State:

Zip:

Contact Name:

Telephone:

Fax:

E-Mail:

No. of Years Installed:

MOBILE / FIELD REPORTING REFERENCE (3):

Customer Name:

Address:

City:

State:

Zip:

Contact Name:

Telephone:

Fax:

E-Mail:

No. of Years Installed: