

RGVCG ILA Data Collection Sheet

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Point of Contact:

Name of Agency: _____

Type of Company/Agency: _____

Name: _____

Title: _____

Address: _____

City, State, Zip: _____

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Persons signing:

Primary:

Name & Title: _____

Witness:

Name & Title: _____

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Number of radios: _____

Page 9 BILLING:

Name: _____

Department: _____

Address: _____

City, State, Zip: _____

or electronically to: (email): _____