

Vermont Emergency Management
EMERGENCY ALERT SYSTEM
RMT SURVEY

Please take a minute to answer the following questions - then either e-mail, fax or mail the form to the address below.

- | | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Did you receive the RMT for this month? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Was the signal of good quality? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Was the audio legible? |

What is your station's call sign(s)? _____

This form was filled out by: _____

Comments:

Please return this form either by mail, e-mail or fax to:

EAS Coordinator
Vermont Emergency Management
103 South Main Street
Waterbury, VT 05671-2101

FAX: 802-241-5556
PHONE: 1-800-347-0488