

Sioux Munyon
Insurance Services
License #0B99748

FAX MEMORANDUM

DATE:

TO: Sioux Munyon

FROM: _____

RE: **BID RESULTS.** Please complete the information requested and email or fax back to our office. ASAP

Thank you.

Bid date: _____

Estimate: \$ _____

Obligee: _____

Project: _____

LOW BIDDER: _____ @ \$ _____

2nd: _____ @ \$ _____

3rd: _____ @ \$ _____

If you did not place in the first three bidders, please indicate where you placed and your bid amount:

_____ @ \$ _____

THANK YOU FOR YOUR HELP.

**IF YOU DO NOT RECEIVE ALL OF THE PAGES OF THIS FAX,
OR IF IT IS NOT LEGIBLE, PLEASE CONTACT US IMMEDIATELY**

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email: sioux@siouxmunyon.com

www.siouxmunyon.com