



**2021-129
EXHIBIT D
CONTRACTOR REFERENCES**

Purchasing Department
619 Division St., MS-7
Port Orchard, WA 98366
Phone: (360) 337-4789
Purchasing@co.kitsap.wa.us

BIDDER'S NAME: _____

BIDDERS: Provide at least three (3) references that can verify the Bidder's experience and ability to provide the goods and services identified in the solicitation.

| | |
|---|------------------|
| Agency Name: | Contract Period: |
| Contact Person (<i>Name and Title</i>): | |
| Complete Primary Address: | |
| Telephone Number: | E-mail Address: |
| Project Name: | Go Live Date: |
| Modules/Functionality Installed: | |
| Other Comments: | |

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| Complete Primary Address: | |
| Telephone Number: | E-mail Address: |
| Project Name: | Go Live Date: |
| Modules/Functionality Installed: | |
| Other Comments: | |

Bidder's Signature (*Authorized Representative*): _____

Print Name and Title of Signer: _____

Dated this ____ day of _____, 20____