

**ATTACHMENT D
CONTRACTOR REFERENCE FORM**

OFFEROR'S NAME: _____

OFFERORS: Provide at least three (3) references that can verify the offeror'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:	

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:	

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:	

REFERENCE CHECK RELEASE STATEMENT

By signing below, Offeror provides authorization to the County to contact the references provided and any other entities to which the Offeror is providing the same or similar service to obtain information about the offeror for purposes of the solicitation.

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

Print Name and Title of Signer: _____

Dated this ____ day of ____ 20____