DCAM-17-NC-0052
ATTACHMENT K

REFERENCE FORM

BIDDER NAME: ________________________________
DATE ORGANIZED: ________________________________
DATE INCORPORATED: ________________________________

Please list all completed projects within the past three (3) years that are similar in scope to this IFB being bid. Give a detailed description of work, and include the name, telephone number and address of municipalities contracted with (whether federal, state or local).

Name of Municipality/Agency: ________________________________
Contract Person/Title: ________________________________
Telephone Number: ________________________________
Contract Period: From ________ To ________
Description of Services: ________________________________

[If necessary, please use multiple copies of this form for each Reference]