

ATTACHMENT F - REFERENCE CHECK FORM

Proposer Name: _____

Reference Entity: _____

Reference Contact Name: _____

Contact Telephone Number: _____

Contact Email Address: _____

Please rate the following questions on a scale of 0-10:

0 = Not satisfied 5 = Moderately satisfied 10 = Extremely satisfied.

1. How would you rate the Proposer's overall quality of services provided and your overall relationship with the Proposer?

Score: _____

Comments: _____

2. How would you rate the Proposer's delivery of service?

Score: _____

Comments: _____

3. How would you rate the Proposer's responsiveness to customer service issues and special requests (e.g., reported problems, changes billing, etc.)?

Score: _____

Comments: _____