

4.6 Reference List.

The following form is to have yellow areas completed by your company and then sent to a minimum of three (3) entities. The recipients of your reference request(s) are responsible for returning the completed form to MTheen@TeamHCSO.com within 5 business days from the response deadline date and time on page 3, Term Contract (TC) Overview. Delayed receipt may cause reference to not be reviewed.

To:		From	Marianne Theen, Buyer
Attn:			Financial Services Division
Ph:		Fax:	813-242-1826
EM		EM:	MTheen@teamHCSO.com

You are being contacted on behalf of the Hillsborough County Sheriff's Office (HCSO) Purchasing.
2025-005 Water Treatment
 The Contractor indicated below has given your name as a reference for work completed. We would appreciate your reply to the following questions regarding your experience with this company. Please return this form at your earliest convenience to the HCSO email listed above. Thank you.

Contractor: _____	Work Referenced _____
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Please provide a brief explanation where necessary. Additional pages may be used.		YES	NO	EXPLANATION
1	Has the Contractor's work been satisfactory?	<input type="checkbox"/>	<input type="checkbox"/>	
2	Is the Contractor the sole provider of the service?	<input type="checkbox"/>	<input type="checkbox"/>	
3	Were problems resolved in good faith?	<input type="checkbox"/>	<input type="checkbox"/>	
4	Were there financial problems or billing issues?	<input type="checkbox"/>	<input type="checkbox"/>	
5	What was the approximate agreement amount?	<input type="checkbox"/>	<input type="checkbox"/>	
6	Would you work with this Contractor again?	<input type="checkbox"/>	<input type="checkbox"/>	
7	How would rate the vendor's overall performance to quality?			
8	How would rate the vendor's overall performance to timeliness?			
9	Use the space below to elaborate on any strengths or weaknesses of this Contractor.			