ATTACHMENT D

"Reference Sheet"

BID NO. 047-LL10

Distribution of Furniture, Fixtures, Equipment and Materials

Proposer: _____

Firm Representative: _____

_____
Street Address

_____
City State Zip Code

Email: _____

Phone: _____

Fax: _____

URL: _____

Years in Business: _____

	License Number	Date
Occupational License Effective Date and Number:		

Please list below 3 of your most recent references and indicate the type of service provided for each client. References will be verified.

Company	Contact	Address	Phone	Fax	Scope of services provided