

**(Revised October 9, 2019)**

**ATTACHMENT I**

**CONTRACTOR REFERENCE AND RELEASE FORM**

List below at least three (3) projects, including company name, contact name, address, email address, telephone numbers and contract period who can verify your experience and ability to perform Total Integrated Sonar and CCTV Inspection Technique (TISCIT) assessment for sanitary sewer lines >16” diameter, cleaning where directed, post TISCIT assessment as verification of the cleaning process, and Manhole Condition Assessment (MCA) Level 1 and Level 2 and GPS surveys.

Company Name		Contract Period		
Contact Person Name and Title		Telephone Number (include area code)		
Complete Primary Address		City	State	Zip Code
Email Address		Project Name and Location		
Description of Services provided, and equipment used:	Managed & Completed PACP Scored CCTV and/or TISCIT Assessment:		Value: \$ No. of LF:	
	Managed and Completed MACP Scored Manhole Condition Assessments:		Value: \$ No. of Manholes:	
	Managed and Completed Cleaning of Sanitary Sewer Lines:		Value: \$ No. of LF:	

Company Name		Contract Period		
Contact Person Name and Title		Telephone Number (include area code)		
Complete Primary Address		City	State	Zip Code
Email Address		Project Name and Location		
Description of Services provided, and equipment used:	Managed & Completed PACP Scored CCTV and/or TISCIT Assessment:		Value: \$ No. of LF:	
	Managed and Completed MACP Scored Manhole Condition Assessments:		Value: \$ No. of Manholes:	
	Managed and Completed Cleaning of Sanitary Sewer Lines:		Value: \$ No. of LF:	

Company Name		Contract Period		
Contact Person Name and Title		Telephone Number (include area code)		
Complete Primary Address		City	State	Zip Code
Email Address		Project Name and Location		
Description of Services provided, and equipment used:	Managed & Completed PACP Scored CCTV and/or TISCIT Assessment:		Value: \$	No. of LF:
	Managed and Completed MACP Scored Manhole Condition Assessments:		Value: \$	No. of Manholes:
	Managed and Completed Cleaning of Sanitary Sewer Lines:		Value: \$	No. of LF:

**Please Make Additional Copies if Applicable**

*References are to be submitted on the proper unaltered forms. Failure to provide these forms unaltered may result in the proposed Bid being deemed non-responsive.*

**REFERENCE CHECK RELEASE STATEMENT**

You are authorized to contact the references provided above for purposes of this ITB.

Signed \_\_\_\_\_ Title \_\_\_\_\_  
 (Authorized Signature of Bidder)

Company Name \_\_\_\_\_