## (Revised October 9, 2019) <u>ATTACHMENT J</u>

## SUBCONTRACTOR 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 the type(s) of service(s) listed in the solicitation.

Company Name	Contract Per	Contract Period		
Contact Person Name and Title	Telephone N	Telephone Number (include area code)		
Complete Primary Address	City	State	Zip Code	
Email Address	Fax Number	Fax Number (include area code)		
Project Name and Description	Services Pro	Services Provided		
Company Name	Contract Per	Contract Period		
Contact Person Name and Title	Telephone N	Telephone Number (include area code)		
Complete Primary Address	City	State	Zip Code	
Email Address	Fax Number	Fax Number (include area code)		
Project Name and Description	Services Pro	Services Provided		
Company Name	Contract Per	Contract Period		
Contact Person Name and Title	Telephone N	Telephone Number (include area code)		
Complete Primary Address	City	State	Zip Code	
Email Address	Fax Number	Fax Number (include area code)		
Project Name and Description	Services Pro	Services Provided		
REFERENCE CH You are authorized to contact the refe	ECK RELEASE STATE rences provided above for p		this ITB.	
Signed(Authorized Signature of B	Title			
(Authorized Signature of B	idder)			
Company Name	Date			