



# Douglas County Board of Commissioners

8700 Hospital Drive, Purchasing Department, Douglasville, GA 30134

## CONTRACTOR REFERENCE AND RELEASE FORM

List below at least three recent different (3) references, including company name, contact name, address, email address and telephone numbers who can verify your experience and ability to perform the type(s) of product(s)/ service(s) listed in the solicitation.

### Reference No. 1

Contact Name: \_\_\_\_\_

Contact Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Reference No. 2

Contact Name: \_\_\_\_\_

Contact Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Reference No. 3

Contact Name: \_\_\_\_\_

Contact Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name of Authorized Company Representative (Type or Print Legibly): \_\_\_\_\_

Signature of Authorized Company Representative \_\_\_\_\_

Date Signed \_\_\_\_\_