



# Clermont Metropolitan Housing Authority

65 South Market Street | Batavia, Ohio 45103

513.732.6010 | Fax 513.732.6520

www.clermontmha.org

## PROPOSER'S REFERENCES

The proposer shall submit a listing of 3 former or current professional references for which the proposer has performed similar services, including any previous work performance for CMHA.

1. Name of Business: \_\_\_\_\_  
Point of Contact for Business: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
What Services Did You Provide? \_\_\_\_\_  
 Currently Do Work     Used to Do Work. When Stopped? \_\_\_\_\_
  
2. Name of Business: \_\_\_\_\_  
Point of Contact for Business: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
What Services Did You Provide? \_\_\_\_\_  
 Currently Do Work     Used to Do Work. When Stopped? \_\_\_\_\_
  
3. Name of Business: \_\_\_\_\_  
Point of Contact for Business: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
What Services Did You Provide? \_\_\_\_\_  
 Currently Do Work     Used to Do Work. When Stopped? \_\_\_\_\_

### Past Work History

1. Have you ever worked with CMHA in the past? Yes or No  
If Yes, in what capacity? \_\_\_\_\_  
\_\_\_\_\_  
If Yes, when did you last work with CMHA? \_\_\_\_\_
  
2. Experience with Projects of Similar Size and Scope Yes or No  
\_\_\_\_\_  
\_\_\_\_\_