



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

