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 three (3) former or current professional references for which the proposer has performed similar services, including any previous work 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
   _____
   _____