**ATTACHMENT 9**

**REFERENCES**

**Submit a total of TWO references using this form.**

|  |
| --- |
| **IFB/RFP Number and Title: IFB# 18712- Hearing Reporter Services** |
| **BIDDER:** |
| **Provide the following information for each reference submitted. Fields will expand as you type.** |
| **Reference Company #1:** |
| **Contact Person:** |
| **Address:** |
| **City, State, Zip:** |
| **Telephone Number:** |
| **Email Address:** |
| **Number of years Bidder provided services to this entity:** |
| **Brief description of the services provided:** |
| **Reference Company #2:** |
| **Contact Person:** |
| **Address:** |
| **City, State, Zip:** |
| **Telephone Number:** |
| **Email Address:** |
| **Number of years Bidder provided services to this entity:** |
| **Brief description of the services provided:** |