**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:** |