# REFERENCE RELEASE FORM
## For

DMHA IFB#_____ JOB TITLE_____

Being_____ of_____, I hereby
Title Company Name
give DMHA authorization to check our company's previous performance.

Authorization Signature:_____

**RETURN FIVE (5) SIGNED ORIGINALS OF THIS FORM TO DMHA WITH PROPOSAL**

**Reference:**

Company Name: _____

Company Address: _____

Contact Person: _____

Telephone No _____ Fax _____ Email_____

Dear Sir or Madam:

The vendor mentioned above has submitted your company as reference in response to a proposal received by our office.

To assist DMHA in the evaluation of this vendor's proposal, please complete the information below and return this form in the postage paid envelope provided as soon as possible.

**1. Nature of service provided**

_____

_____

**2. Dollar amount of agreement $**_____

**3. Performance:** *(Circle One)*

Excellent Good Average Poor

**4. Would you enter into an agreement with this company**? _____

**5. Comments**:

_____
_____
_____

_____ _____
Title (Use Reverse Side if needed) Signature

Thank you for your assistance in this manner.
Should you have any questions please contact:
Pamela K. Randall, Purchasing Manger: pamr@dmha.org, 937-910-7613 *or*
Valentina V. Lootens, Contracts Administrator: vlootens@dmha.org, 937-910-7617.

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