ATTACHMENT F SUBCONTRACTOR REFERENCE FORM

OFFEROR'S NAME:			
	can verify the subcontractor's exp tractor may provide on behalf of or		
Company Name:	Contract Period	1 :	
Contact Person (Name and Title	?):		
Complete Primary Address:			
Telephone Number:	E-mail Address	S:	
Project Name:			
Services Provided:			
Company Name:	Contract Period	1:	
Contact Person (Name and Title			
Complete Primary Address:	,		
Telephone Number:	E-mail Address	S:	
Project Name:	1		
Services Provided:			
Company Name:	Contract Period	Contract Period:	
Contact Person (Name and Title) ;		
Complete Primary Address:			
Telephone Number:	E-mail Address	E-mail Address:	
Project Name:			
Services Provided:			
You are authorized to contact the	NCE CHECK RELEASE STATE references provided above for pur	poses of this solicitation.	
Offeror's Signature (Authorized	Representative):		
Print Name and Title of Signer:			
Dated thisday of20	<u> </u>		
RFP No: 2023-032	www.kitsapgov.com	Page 1 of 1	