

Contractor References

Contractor Name/Company: _____

Address:	Phone:		
	Hours: Monday-Friday	Saturday	Sunday

Reference #1		
Name:	Phone:	Date Contacted:
Work completed on time? <input type="checkbox"/> yes <input type="checkbox"/> no	Work completed within budget? <input type="checkbox"/> yes <input type="checkbox"/> no	
Quality of work: <input type="checkbox"/> poor <input type="checkbox"/> fair <input type="checkbox"/> average <input type="checkbox"/> good <input type="checkbox"/> excellent		
Comments:		

Reference #2		
Name:	Phone:	Date Contacted:
Work completed on time? <input type="checkbox"/> yes <input type="checkbox"/> no	Work completed within budget? <input type="checkbox"/> yes <input type="checkbox"/> no	
Quality of work: <input type="checkbox"/> poor <input type="checkbox"/> fair <input type="checkbox"/> average <input type="checkbox"/> good <input type="checkbox"/> excellent		
Comments:		

Reference #3		
Name:	Phone:	Date Contacted:
Work completed on time? <input type="checkbox"/> yes <input type="checkbox"/> no	Work completed within budget? <input type="checkbox"/> yes <input type="checkbox"/> no	
Quality of work: <input type="checkbox"/> poor <input type="checkbox"/> fair <input type="checkbox"/> average <input type="checkbox"/> good <input type="checkbox"/> excellent		
Comments:		

Disclaimer: This form is provided for general information and your convenience. If this form does not meet your needs, consult a professional to discuss what will work best for you.