## **Contractor References**

Contractor Name/Company:				
Address:	Phone:			
, tadi 000.	Hours:			
	Monday-Friday	Saturday	Sunday	
	monday i nady	Gataraay	Gariaay	
Reference #1				
Name:	Phone:	Date Contac	Date Contacted:	
Work completed on time? ☐ yes ☐ no	Work completed	Work completed within budget? ☐ yes ☐ no		
Quality of work: poor fair av	verage ☐ good ☐	excellent		
Comments:				
Reference #2				
Name:	Phone:	Phone: Date Contacted:		
Work completed on time? ☐ yes ☐ no				
Quality of work: poor fair average good excellent				
adding of work.    poor    hair    avorage    good    excellent				
Comments:				
Reference #3				
Name:	Phone:	Date Contac	ted:	
Work completed on time? ☐ yes ☐ no	Work completed	Work completed within budget? ☐ yes ☐ no		
Quality of work: poor fair average good excellent				
Commente				
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.