

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.