



OWNER REFERENCE

OBLIGEE: _____ E NO: _____
SPOKE TO: _____ TITLE: _____
CONTRACT: _____ PROJECT: _____
COMPLETED IN: _____ DESCRIPTION: _____

1. WAS THE JOB COMPLETED ON SCHEDULE OR IF UNCOMPLETED, IS IT ON SCHEDULE? (IF NOT, EXPLAIN)

2. DO YOU FEEL THIS ORGANIZATION IS QUALIFIED TO DO THIS TYPE OF WORK? (SUCH AS, ENOUGH SUPERVISION)

3. QUALITY OF WORK: EXCELLENT _____ GOOD _____ FAIR _____ POOR _____
(EXPLANATION FOR FAIR OR POOR)

4. DO YOU KNOW OF ANY UNFAVORABLE CIRCUMSTANCES OR CREDIT PROBLEMS EXPERIENCED BY THIS CONTRACTOR? (SUCH AS LIENS CLAIMS, UNPAID BILLS)

5. REMARKS: (SUCH AS OPINION OF CONTRACTOR'S CHARACTER, ABILITIES, OR HOW HE/SHE FULFILLED ALL THE RESPONSIBILITIES ON THE JOB)

