

REQUEST FOR CLIENT INFORMATION



Incorporated County of Los Alamos
Procurement Division
101 Camino Entrada, Building 3
Los Alamos, NM 87544

Please follow the instructions below to provide information about previous or current clients as requested in this form.

1. The County reserves the right to contact some or all of the clients listed to verify any information provided and to request that they provide additional information.
2. If previous client information is confidential, you may state so; however, if previous or current client information is a scored evaluation criteria, evaluation scores will reflect Offeror's inability to include some or all of the requested information in the bid or proposal.
3. Provide a minimum of 3 previous or current clients for similar services performed in the last 3-5 years.
4. Information provided should include company name, address, contact name, position, e-mail address, telephone number, the period during which services were provided, a description of the services provided, and outcome of the engagement.

GENERAL INFORMATION

Offeror Company Name:	
Solicitation No.:	
Solicitation Title:	
Name and Title of the Person Completing this Form	

PREVIOUS OR CURRENT CLIENT INFORMATION

CLIENT 1	
Company Name	
Address	
Contact Name and Position	
E-mail Address	
Telephone Number	
Period During Which Services Were Provided MM/DD/YY – MM/DD/YY	
Description of Services Provided and Outcome of the Engagement	

CLIENT 2	
Company Name	
Address	
Contact Name and Position	
E-mail Address	
Telephone Number	
Period During Which Services Were Provided MM/DD/YY – MM/DD/YY	
Description of Services Provided and Outcome of the Engagement	

CLIENT 3	
Company Name	
Address	
Contact Name and Position	
E-mail Address	
Telephone Number	
Period During Which Services Were Provided MM/DD/YY – MM/DD/YY	
Description of Services Provided and Outcome of the Engagement	

CLIENT 4	
Company Name	
Address	
Contact Name and Position	
E-mail Address	
Telephone Number	
Period During Which Services Were Provided MM/DD/YY – MM/DD/YY	
Description of Services Provided and Outcome of the Engagement	

CLIENT 5	
Company Name	
Address	
Contact Name and Position	
E-mail Address	
Telephone Number	
Period During Which Services Were Provided MM/DD/YY – MM/DD/YY	
Description of Services Provided and Outcome of the Engagement	