**Request for Proposals #2019-BH02:**

**Solano County Health & Social Services:**

**Behavioral Health Division**

**Mobile Crisis Services**

**ATTACHMENT E: CUSTOMER REFERENCE STATEMENT**

Supply three (3) references of government agencies and/or firms for whom bidder has provided similar services during the last three (3) years:

|  |  |
| --- | --- |
| 1. Agency or Firm Name: |  |
|  Business Address: |  |
|  Mailing Address: |  |
|  Contact Person: |  |
|  Telephone: |  |
|  Email address: |  |
|  Type of Service: |  |
|  Dates(s) when service provided: |  |
| 2. Agency or Firm Name: |  |
|  Business Address: |  |
|  Mailing Address: |  |
|  Contact Person: |  |
|  Telephone: |  |
|  Email address: |  |
|  Type of Service: |  |
|  Dates(s) when service provided: |  |

|  |  |
| --- | --- |
| 3. Agency or Firm Name: |  |
|  Business Address: |  |
|  Mailing Address: |  |
|  Contact Person: |  |
|  Telephone: |  |
|  Type of Service: |  |
|  Dates(s) when service provided: |  |

**COMPLETE AND RETURN WITH PROPOSAL**