**Attachment D - GENERAL COMPANY INFORMATION FORM**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Company Name | |  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Company Address | | |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| General Description of the Company: | | | | | | |  | | | | | | | | | |
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|  | | | | | | | | | | | | | | | | |
| Type of Organization (franchise, corporation, partnership, etc.) | | | | | | | | | |  | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Number of years in business: | | | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| **References** | | | | | | | | | | | | | | | | |
| List three (3) customers who are current or have been served by your company within the last three (3) years with projects of similar scopes. (Name of firm, address, contact person, phone number) | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| **Reference #1 - Name:** | | | |  | | | | | | | | | | | | |
| Address: | | | |  | | | | | | | | | | | | |
| Contact Person & Phone: | | | |  | | | | | | | | | | | | |
| Date & Description of Job: | | | |  | | | | | | | | | | | | |
| Contract Value: | | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| **Reference #2 - Name:** | | | |  | | | | | | | | | | | | |
| Address: | | | |  | | | | | | | | | | | | |
| Contact Person & Phone: | | | |  | | | | | | | | | | | | |
| Date & Description of Job: | | | |  | | | | | | | | | | | | |
| Contract Value: | | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| **Reference #3 - Name:** | | | |  | | | | | | | | | | | | |
| Address: | | | |  | | | | | | | | | | | | |
| Contact Person & Phone: | | | |  | | | | | | | | | | | | |
| Date & Description of Job: | | | |  | | | | | | | | | | | | |
| Contract Value: | | | |  | | | | | | | | | | | | |
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| **Personnel** | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Name and title of person overseeing the City account: | | | | | | | | |  | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Office Phone: |  | | | | | Mobile: | |  | | | Email: |  | | | | |
|  | | | | | | | | | | | | | | | | |
| Names, titles and years of experience of persons expected to service the City account: | | | | | | | | | | | | | | | | |
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| **Safety Record** | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Has your company received an OSHA violation in the past five (5) years? | | | | | | | | | | | | |  | Yes |  | No |
| If yes, please attach copies of the citations and an explanation of how they have been resolved. | | | | | | | | | | | | | | | | |