

**REFERENCE DATA SHEET**RFP#: PLN2023-03  
Attachment B

Provide a minimum of three (3) current references with name, address, contact person, and telephone number whose scope of business or services is similar to those of Humboldt County, preferably in California. Previous business with the County does not qualify.

NAME OF FIRM:			
STREET ADDRESS:			
CITY, STATE, ZIP			
CONTACT PERSON:		EMAIL:	
PHONE #:		FAX #:	
Product(s) and/or Service(s) Used:			
NAME OF FIRM:			
STREET ADDRESS:			
CITY, STATE, ZIP			
CONTACT PERSON:		EMAIL:	
PHONE #:		FAX #:	
Product(s) and/or Service(s) Used:			
NAME OF FIRM:			
STREET ADDRESS:			
CITY, STATE, ZIP			
CONTACT PERSON:		EMAIL:	
PHONE #:		FAX #:	
Product(s) and/or Service(s) Used:			
NAME OF FIRM:			
STREET ADDRESS:			
CITY, STATE, ZIP			
CONTACT PERSON:		EMAIL:	
PHONE #:		FAX #:	
Product(s) and/or Service(s) Used:			