EXHIBIT B – CUSTOMER REFERENCE FORM

RFP NO. 2026-02

Contractor/Consultant name:	
Customer company name:	
Customer contact person:	
Customer phone number:	
Customer E-mail address:	
Contract Duration:	

Describe Nature of Services Rendered to This Client:

FAILURE TO COMPLETE AND RETURN THIS FORM MAY DEEM YOUR PROPOSAL NON-RESPONSIVE

This section to be completed by MPO Staff.

Consistent delivery of service	Scale of 1 to 5*	
Staff professionalism	Scale of 1 to 5*	
Overall Customer Satisfaction	Scale of 1 to 5*	

* 1 indicating poor and 5 indicating excellent.