

**Sewerage and Water Board of New Orleans**  
**Reference Check Request Form**  
**RFP-Program Management for the Lead Line Replacement Program**  
**2026-SWB-003**

<b>Company Name:</b>	
<b>Referee Name:</b>	
<b>Referee Position:</b>	
<b>Referee Email Address:</b>	
<b>Phone Number:</b>	

<b>On a scale of 1-4 indicate by circling a number whether you agree or disagree with the following statements:</b>	<b>1 Unsatisfactory</b>	<b>2 Satisfactory</b>	<b>3 Good</b>	<b>4 Excellent</b>
How well has the vendor met your expectations and requirements?	1	2	3	4
How is your relationship with the vendor?	1	2	3	4
Does this vendor communicate well with your customers?	1	2	3	4
Does the vendor submit reports in a timely manner?	1	2	3	4
How would you rate your project manager?	1	2	3	4
Did the vendor understand the complexity and the requirements of the work at the start of the project?	1	2	3	4
<b>Given the above, would you recommend this candidate for employment (please enter yes or no comment)</b>				
<b>Highly Recommend</b>				
<b>Recommend</b>				
<b>Recommend with Reservation</b>				
<b>Do not Recommend</b>				

Describe the vendor's scope of work performed:

**Please complete this form and return it to Procurement at [bids@swbno.org](mailto:bids@swbno.org) by March 6, 2026, at 11:00 a.m. (CST)**