

**SANTA FE INDEPENDENT SCHOOL DISTRICT**

P.O. BOX 370  
SANTA FE, TEXAS 77510-0370

PHONE: (409) 925-3526  
FAX: (409) 925-4002  
www.sfid.org

**References**

Please provide a list of three (3) references that you performed similar services for. References will include contact name and telephone number. Proposals submitted without references may be disqualified from consideration.

**1.** Company \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

Contact Name \_\_\_\_\_ Title \_\_\_\_\_

**2.** Company \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

Contact Name \_\_\_\_\_ Title \_\_\_\_\_

**3.** Company \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

Contact Name \_\_\_\_\_ Title \_\_\_\_\_