

FLORIDA STATE UNIVERSITY





(This form is to be completed for each of the references checked. If the owner's representative cannot be reached, note the attempts in the "Comments" section.)

Construction Manager					
Proje	ect				_
Who	was contacted?				
Own	ner (Name of Rep)				
1.	What construction management services were performed?				
2.	What was the project size? \$				
3.	Was the project completed on time?	□ Yes	□ No		
4.	Was the project completed within budget?	□ Yes	□ No		
5.	Did the construction manager make appropriate efforts to assure quality construction? ☐ Yes ☐ No				
6.	Was the overall performance of the construct	tion manager:	☐ below average	□ average	□ above average
7.	Would you hire this firm again?	□ Yes	□ No		
8.	Do you have any specific impressions (positive or negative) of individuals who worked on the project?				
Com	nments				
Inter	view conducted by				
Name		 Date		_	
Signa	ature				