| Signature | Name (typed/written) |
|--|---|
| In moyen | |
| JEFF MAYFIELD | JEFF MAYFIELD |
| Signature FORM 4 | Name (typed/written) 1.11BURLINGTON COUNTY |
| REQUEST FOR QUALI | FICATIONS FOR PROFESSIONAL SERVICES |
| REPORT CON | CERNING EXPERIENCE WITH FIRM |
| NOTE: Reports from not I Submission. | less than three clients must be provided with |
| soliciting RFQs from companies t evaluating submissions the Coun- clients with respect to their experi and return it to the firm that sent it | |
| Firm: Commercial OT | MILITY CONSOLTANT (CUC) |
| Firm address: 430 CLENE | UTS POAD BARRINGON, NOT 0500) |
| ********** | ************** |
| Client completing this form: | WELL TOWNSHAD, NOT |
| Client address: 456) Pour | TE 9, HOWELL NJ 0>>31 |
| Client Telephone: 732-938-4 | 80 Ev. 2102 email: jnayhells top. hovel of is |
| No. of years of experience with Fi | irm: |
| Number of projects completed by | Firm for Client during 2013 - 2015: |
| 2013: 2014: | 2015: |
| Please state the range of projects | |
| Would you recommend this firm? | Yes No |
| If "No" please state reason(s): | |
| Please rank this firm's work produthe most favorable | uct and your experience between 1 and 5, with 5 being |
| Timely completed work | 1 2 3 4 🕏 |
| Attention to detail Quality of work | 1 2 3 4 5 1 2 3 4 5 1 2 3 4 5 + "EXCEPTIONAL" |
| Responsiveness to client | |
| | 34 |

| Professionalism | 1 | 2 | 3 | 4 | (5) | |
|----------------------|------------------------------------|----|---------------------------------|---|----------|--|
| Cost | 1 | 2 | 3 | 4 | ⑤ | |
| Of mayeril | | 17 | JEFF | M | AFIELD | |
| Authorized Signature | | | Typed/printed name of Signatory | | | |
| Date: 12/15/15 | The Property Control of the Parket | | (a) (5 | | | |
| 4.12 FEE SCHEDULE | | | | | | |

This schedule of fees and rates shall be attached to an incorporated by reference to any contract or open ended contract entered into between the parties.

NOTE: ATTACH CODY OF EEE AND

NOTE: ATTACH COPY OF FEE AND RATE SCHEDULE HERE