



PERFORMANCE EVALUATION - DEMOLITION SERVICES

COUNTY	ITEM NO.	VENDOR
PROJECT NO.	FEDERAL NUMBER	PROJECT

PARCEL(S)					
Contract Number:		Date Started:		Date Completed:	

1.	Was the contract completed within a satisfactory period?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			
	If no, explain:							
2.	Did vendor provide required documentation for the following?	Yes	No	NA				
	a. BUD Confirmation Number(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	b. Landfill Receipts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	c. Permits to move improvements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	d. Pumping of Septic System(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	e. Sewer Cutoff Permit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	f. Rodent Control Receipt(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	g. Refrigerant Receipt(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	Comments:							
3.	Did the vendor give notice(s) to the Cabinet prior to filling basements, septic tanks, etc.?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			
	If no, explain:							
4.	Did the vendor perform work as specified in the contract?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			
	If no, explain:							
5.	Did vendor have to correct unacceptable work?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			
	If yes, explain:							
6.	Rate the overall contract performance and provide justification below the rating.							
	Poor	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Good	<input type="checkbox"/>	Excellent	<input type="checkbox"/>
	Comments:							

Please provide details about any problems or issues you may have had with this contract that are not addressed above.

Evaluation Completed by:

Property Management Agent	Date
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