

## Department of Licensing and Consumer Affairs Electrical Supply Price Survey Form

Name of your Business: \_\_\_\_\_

Your Business Physical Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Business Number: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

Tax I.D. No.: \_\_\_\_\_

Legal form of Business:  Corporation  Partnership  Partnership  Joint Venture  Individual

ITEM	UNIT	LOW	HIGH
R/R Electrical Outlets	Each	\$ _____	\$ _____
R/R Service Entry	Each	\$ _____	\$ _____
R/R Smk., Alrm., Hrd., Wrđ	Each	\$ _____	\$ _____
R/R Electrical Fixtures	Each	\$ _____	\$ _____
R/R Ceiling Fans	Each	\$ _____	\$ _____
R/R Garage Door Openers	Each	\$ _____	\$ _____
Electrical Inspection and Estimate	Job	\$ _____	\$ _____

### Total Electrical System Replacement

ITEM	LOW	HIGH
R/R Economy	\$ _____	\$ _____
R/R Average Quality	\$ _____	\$ _____
R/R Good Quality	\$ _____	\$ _____
R/R High Quality	\$ _____	\$ _____
Over head*	\$ _____	\$ _____
Include Insurance & Tax		
Profits*	\$ _____	\$ _____

\*Provide these figures only if they are not included in the unit cost.

I hereby certify that the information provided herein is true and correct.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date