

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