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., Wrd	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