



BG-EHS Estimate Worksheet

(INTRO LEVEL)

First and Last Name

Phone Number

Email Address

Location Zip Code

Residence Type

Please describe the residence to be treated. Examples: attached/detached private home; apartment in an apartment building/sectioned house; etc.

Square Footage

Enter the square footage of the largest floor of your residence, as applicable. Do not include exterior spaces in this estimate.

Number of Floors

Enter the number of floors in this residence.

Water Sources

How many hot and cold water lines/sources does your residence have? If hot and cold lines are accessible, count each line as a separate water source. If hot and cold mix in 1 inlet hose before delivery or mix behind the wall, count as 1 water source. Hot and cold are usually counted separately for sinks and washing machines and as 1 water source for shower heads/hoses, tub faucets and dishwasher connections;

Wifi Sources

Enter the total number of wifi sources within this residence. This includes wifi routers and repeaters, mobile phones or any device you use on a regular basis that is wifi-enabled.

Electric Sources

Enter the total number of Electrical Panels or fuse boxes within this residence.

BEDROOM Mirrors

Please enter the total number of mirrors in the BEDROOMS of this residence.

Please indicate any other spaces you would like to have treated in this install:

Vehicle(s)

List number and type of each vehicle:

Yard/Garden

Describe outdoor area(s)/square footage:

Office/Workspace

Describe space/square footage:

Is there anything else you would like for us to know or consider?

Thank you! We'll be in touch soon.