



BG-EHS Estimate Worksheet

(INTRO LEVEL)

First and Last Name	<input type="text"/>	Phone Number	<input type="text"/>
Email Address	<input type="text"/>	Location Zip Code	<input type="text"/>

Residence Type	Please describe the residence to be treated. Examples: attached/detached private home; apartment in an apartment building/sectioned house; etc.	<input type="text"/>
Square Footage	Enter the square footage of the largest floor of your residence, as applicable. Do not include exterior spaces in this estimate.	<input type="text"/>
Number of Floors	Enter the number of floors in this residence.	<input type="text"/>

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;	<input type="text"/>
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.	<input type="text"/>
Electric Sources	Enter the total number of Electrical Panels or fuse boxes within this residence.	<input type="text"/>
BEDROOM Mirrors	Please enter the total number of mirrors in the BEDROOMS of this residence.	<input type="text"/>

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

<input type="checkbox"/> Vehicle(s)	List number and type of each vehicle:	<input type="text"/>
<input type="checkbox"/> Yard/Garden	Describe outdoor area(s)/square footage:	<input type="text"/>
<input type="checkbox"/> Office/Workspace	Describe space/square footage:	<input type="text"/>

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

Thank you! We'll be in touch soon.