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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, eg., attached/detached private home; apartment building/sectioned house; etc.	
Square Footage	Enter the total square footage of your residence. Do not include exterior spaces.	
Number of Floors	Enter the number of floors in your residence/unit.	
External Doorways	Enter the number of doorways connecting to the outside such as: garage doors (for attached garages), balconies, side/basement doors. For apartments, count each door that connects to a hallway.	
Internal Doorways	Enter the total number of BEDROOM doorways in your residence. Please include all bedrooms, regardless of whether they are currently occupied, including guest bedrooms.	
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.	
Electrical 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.

