



Date	
Contractor	Phone
Address	City/State/Zip
Consumer	Phone
Address	City/State/Zip

Weight capacity of stairlift: # of pounds	Consumer weight: # of pounds
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**1. Permits** Check permits required.

Building		None
Electrical		None
Misc.		None

**2. Project Costs**

Itemize any items over \$100

Demolition/debris removal	\$
Stairlift/charger/hand control	\$
Track/supports/supplies	\$
Lumber (for construction)	\$
Electrical supplies	\$
Travel	\$
Equipment rental	\$
Misc. (permits, etc.)	\$
	\$
	\$
	\$
<b>Total</b>	<b>\$</b>

<b>3. Labor</b>	<b>Total</b>	<b>\$</b>
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<b>Total cost of project</b>	
<b>Quote</b>	<b>\$</b>

Signature	
Quote good for 60 days unless otherwise noted	
<b>Estimated date:</b> Start	Completion