

Request for Quote LAUNDRY

Contact Information:

Name:
Agency:
Phone: E-mail:

1. What types of laundry services are needed?

Institutional Medical Facility Other (describe):

2. Describe the items to be laundered?

Flat/fitted sheets Towels Clothing Infectious linens Other (describe):

3. How many estimated annual pounds of laundry will be processed?

4. Will special processing be required? No Yes (describe):

5. Who currently does your laundry? Briefly describe the services provided:

6. Do you require transport of laundry? No Yes (Answer questions 7-9):

7. Location of laundry pick-up?

Facility
Street
City State Zip

(Please attach a list of additional locations, if needed)

Number of pick-up points (Docks, etc.)

8. How often does the laundry need to be picked up?

9. What is the required turnaround time from the pick-up of soiled laundry to the return of clean laundry?

email laundry@calpia.ca.gov for a quote