

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

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 code:

(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?

E-mail to laundry@calctra.ca.gov for a quote.