



# Request for Quote LAUNDRY

## Contact Information

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Name:

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Agency:

Phone:

E-mail:

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1. What types of laundry services are needed?

Institutional      Medical      Facility

Other (describe):

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2. Describe the items to be laundered:

Flat/Fitted Sheets      Towels      Clothing      Infectious Linens

Other (describe):

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

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4. Will special processing be required?      No      Yes

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

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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.):

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

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

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E-mail to [laundry@calctr.ca.gov](mailto:laundry@calctr.ca.gov) for a quote.