

# ATD=AMERICAN

## Request for Installation Quote

Email this completed form, along with a Design Request Form and supporting documents to:  
If Design is not needed, email the completed form directly to Project Management care of:

Project Title: Tranquillity Branch Submitted by: \_\_\_\_\_  
 Building / Floor: 58315 Jc Library Today's Date: 1/26/11  
 Address: See Rfq Rfq # 525-49 Salesperson: Julie Marsella  
 City: \_\_\_\_\_ ATD Quote #: \_\_\_\_\_  
 State / ZIP: \_\_\_\_\_ Other: \_\_\_\_\_  
 Site Contact: \_\_\_\_\_  
 Site Phone #: \_\_\_\_\_ 02

### Install Site Accessibility:

|   |  |  |                                     |
|---|--|--|-------------------------------------|
| Is the use of a loading dock available to gain access?<br><i>If yes, can the dock accept a full size trailer?</i> | <input type="checkbox"/> Yes                         | <input checked="" type="checkbox"/> No | Notes: _____                        |
| If no, is there ramp access into the space:   | <input type="checkbox"/> Yes                         | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A: _____ |
| Is the entrance to the site through a single door?  | <input checked="" type="checkbox"/> Yes              | <input type="checkbox"/> No            | Notes: _____                        |
| Is the entrance to the site through double doors?   | <input type="checkbox"/> Yes                         | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A: _____ |
| How far is it from the off load to the entrance?  | <input type="checkbox"/> Yes                         | <input type="checkbox"/> No            | <input type="checkbox"/> N/A: _____ |
| Are there any steps leading to the entrance?  | <input checked="" type="checkbox"/> Yards: <u>25</u> |  | Notes: _____                        |
| Is an elevator available?   | <input type="checkbox"/> Yes                         | <input checked="" type="checkbox"/> No | Quantity: _____                     |
| If yes, what type and size is it?   | <input type="checkbox"/> Yes                         | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A: _____ |
| Are reservations for the elevator needed?   | <input type="checkbox"/> Freight                     | <input type="checkbox"/> Passenger     | Size: _____                         |
| Is a stair carry required?  | <input type="checkbox"/> Yes                         | <input checked="" type="checkbox"/> No | Notes: _____                        |
|   |  |  | Flights: _____                      |

### Install Site Requirements:

Anticipated install dates: Early May 2011  
 Number of days allotted for installation: 1  
 Hours for Install Operations: 8:00 - 4:00 P.M.  
 Install hours restrictions: \_\_\_\_\_

|  |   |   |  |
|--|---|---|--|
| Is Security Clearance needed:                  | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No              | <input type="checkbox"/> Notes: _____  |
| Labor Type: <input type="checkbox"/> Non-union | <input type="checkbox"/> Union          | <input checked="" type="checkbox"/> Prevailing Wage | <input type="checkbox"/> Other: _____  |
| Pre-Quote Site Visit:                          | <input type="checkbox"/> Yes, mandatory | <input type="checkbox"/> Yes, optional              | <input checked="" type="checkbox"/> No |

|  |  |   |  |
|--|--|---|--|
| Will all furniture be delivered to the same Building:  | <input checked="" type="checkbox"/> Yes    | <input type="checkbox"/> No                       | How many: _____                                    |
| Will all furniture be delivered to the same Floor:     | <input checked="" type="checkbox"/> Yes    | <input type="checkbox"/> No                       | How many: _____                                    |
| Will all furniture be delivered to same Room:          | <input type="checkbox"/> Yes               | <input checked="" type="checkbox"/> No            | How many: _____                                    |
| Will floor plans be provided to ATD:                   | <input checked="" type="checkbox"/> Yes    | <input type="checkbox"/> No                       |  |
| Have the dimensions been field verified:               | <input type="checkbox"/> No                | <input checked="" type="checkbox"/> Yes           | By: _____  |
| Are there any existing furniture needs:                | <input checked="" type="checkbox"/> N/A    | <input type="checkbox"/> Disposal                 | <input type="checkbox"/> Reconfiguration           |
|  | <input type="checkbox"/> Move              | <input type="checkbox"/> Remove                   | <input type="checkbox"/> Other: _____              |
| Is protection needed for the following:                | <input checked="" type="checkbox"/> Floor  | <input checked="" type="checkbox"/> Wall          | <input type="checkbox"/> Elevator                  |
| Is trash removal required: <input type="checkbox"/> No | <input type="checkbox"/> Yes, on site      | <input checked="" type="checkbox"/> Yes, off site | <input type="checkbox"/> Yes, need dumpster.       |
| Are there electrical needs:                            | <input type="checkbox"/> Yes, by installer | <input type="checkbox"/> Yes, by electrician      | <input checked="" type="checkbox"/> No, by others. |