

YOUR LOGO

SNOW REMOVAL ESTIMATE

NAME

DATE

LOCATION

SEASON

ADDRESS

STATE

CITY

ZIP CODE

PROPOSED SNOW PLOWING SERVICES

ESTIMATE NUMBER

INSURER ID

TYPE OF SERVICE

PRICE

PER EVENT

PER INCH

PER PUSH

ADDITIONAL SERVICES INCLUDED

SHOVEL WALKWAY ☐

SALT WALKWAY ☐

REQUIREMENTS

PLOW AFTER 2 INCHES
OF SNOW OR MORE ☐

COMPLETE BY _____ AM / PM

ESTIMATE OF SNOW REMOVAL COST

WE PROPOSE TO PROVIDE LABOR AND
SERVICES ACCORDING TO THESE
REQUIREMENTS FOR THE SUM OF...

\$_____ SUBTOTAL

\$_____ TAX

\$_____ TOTAL

ACCEPTANCE OF SNOW REMOVAL ESTIMATE

THIS QUOTE IS AN ESTIMATE. IT IS NOT A CONTRACT.

THIS QUOTE EXPIRES (MM / DD / YYYY)

NAME

ESTIMATE DATE

SIGNATURE

COMPANY NAME