



CEDARRIVER
WATER & SEWER DISTRICT

PRICING SHEET

Elevator System Maintenance

Company Name: _____

Authorized Representative (AR): _____

Signature of AR: _____ Date: _____

Please provide the following for 1 (one) elevator

Quarterly Service Fee: \$_____ includes prevailing wage

Annual Fee \$_____ includes prevailing wage

Hourly Rate for On-Call Service, normal business hours, including service vehicle, tools etc. \$_____ per/hour

Hourly Rate for On-Call Service, nights and weekends, including service vehicle, tools etc. \$_____ per/hour

Mileage Rate if applicable \$_____ per/hour

Minimum Service Charge or Duration \$_____ or #_____ hours