Professional Services - Custom Request Form

CASELLE
Commitment to Community

Use Caselle's Professional Services document to request specialized help.

Instructions: Print the form, sign it, fax it to Caselle at (801)850-5001, and or email back to contact.

Site: Crest Hill, City of - IL

Name of Job: Cycle Change

Version: 2026.08

Database: UM0

Date Created: 10/20/26

Date Completed:

Part 1: Project Information

Client Contact: Glenn Gehrke

Phone: 815-741-3080

Email: ggehrke@cityofcresthill.com

Request Services For: Change from bi-monthly to monthly

Part 2: Estimated Service Fee

Estimated Hours: 20-30 2 hour minimum

Rate Per Hour: $200

Estimated Cost: $ 4000 - $6000 **Estimated Hours x Rate per Hour = Estimate**

NOTE: These are estimate costs. Final hours and costs cannot be determined until full analysis of the project is completed. Actual hours invoiced over estimated hours will be presented before billing.

Part 3: Authorization

Name (please print): _____

Signature: _____ Date: _____

Caselle Signature: _____ Date: _____

Part 4: Actual Project Cost

Actual Hours: _____ 2 hour minimum

Rate Per Hour: $200

Actual Cost: _____ **Actual Hours x Rate per Hour = Estimate**

Completed on: _____ Invoice Number(s): _____ Initials: _____

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