

## Client Design Questionnaire

Please take a few moments to complete the information requested below.

### Contact Information:

Name:
Address:
City:

<b>Contact #1</b>	<b>Contact #2</b>
Name:	Name:
Day Phone:	Day Phone:
Evening Phone:	Evening Phone:
Fax:	Fax:
Cell:	Cell:
E-Mail:	E-Mail:

How would you prefer to be contacted? (Please circle all that apply)

Phone                      E-mail                      Cell                      Day                      Evening

### Project Information:

**What rooms are you considering for your design services? (Circle all that apply)**

Entry/Foyer	Living Room	Family/Great Room	Dining Room
Kitchen	Nook	Office/Library	Laundry Area
Master Bedroom	Master Bathroom	Hall/Guest Bath(s)	Powder Bath
Media Room	Addition	Outdoor Living Area	Other

**What kind of enhancements are you considering? (Circle all that apply)**

Kitchen Remodel	Bathroom Remodel	Flooring	Interior Paint
Appliances	Plumbing	Window Treatments	Exterior Paint
Lighting	Millwork	Furniture Placement	Other

