



Consultation Questionnaire

Client _____ **Date** ____/____/____

Address _____

Phone _____ **Email** _____

Location of Work + Ceiling Heights (select all that apply)

- Master Bedroom Master Bathroom Bedroom(s) QTY: _____ Bathroom(s) QTY: _____
Ht. _____ Ht. _____ Ht. _____ Ht. _____
- Entry Family / Living Room Kitchen Dining Room
Ht. _____ Ht. _____ Ht. _____ Ht. _____
- Laundry Room Garage Exterior (specify) _____
Ht. _____ Ht. _____
- Other: _____

What is Your Style (select all that apply)

- Contemporary Modern Traditional Transitional
- Other: _____

Remodel or **New Construction** (select one, if applicable)

Are you OK with the possibility of paint & drywall repair? YES or NO

Fixture types interested in for home (select all that apply)

- General Lighting (Recessed Cans) Decorative (Chandeliers, Pendants, Sconces, etc.) Exterior / Landscape In-Wall LED
- Other: _____

Budget: \$_____ to \$_____

Time Frame: _____

Comments: _____
