

Name _____
Street Address _____
City _____ State _____
Phone # (____) _____ - _____
Email Address _____

What type of work is needed?

- completely new construction (no existing landscape)
- partially new construction (some existing landscape)

Do you like to garden? Yes No
Do you have deer and rabbit in your neighborhood? Yes No
Do you currently have an irrigation system? Yes No
Does the area receive at least 6 hours of sun each day? Yes No
Will children or pets be playing in this area? Yes No
Do you have clay soil? (is it difficult to dig?) Yes No

Are there any extreme weather conditions to be aware of? (hot, windy, all shade, poor drainage, etc?) _____

Are there views you wish to screen or preserve? Please explain: _____

What is your favorite season? _____

What are your favorite colors? _____

Please list any favorite plants, trees or shrubs you would like included in your design: _____

Please list anything you do NOT want included in your design: _____

