

Date of Initial Contact _____ Referral Source: _____

Name: _____

Company Name: _____

Phone: _____ E-mail: _____

Subject Property: _____

Other Properties Under Management: _____

Appointment Set: _____



Client/Property Information Form

Please include notes about the property features below and indicate if a photograph is attached.

Preliminary Information about Property

Entrance Gate

Doorways

Signs

Shrubs

Trees

Walls

Customer Preferences

Additional Comments

Material Estimate

Labor Estimate

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Designer Comments
