LANDSCAPE CONSULTATION FORM

Date: _____

Name: _____

Address: _____

City, State, Zip: _____

Phone - Home: (_____) _____ Work: (_____) _____

Best time to be contacted _____

YOUR LANDSCAPE NEEDS

_____ Consultation (**$65.00/hr.**)
_____ Landscape Design
_____ Foundation Planting _____ New or _____ Older Home
_____ Renovation (Transplanting of existing stock)
_____ Estimate
_____ Pool Planting
_____ Shade Trees or Screens/Windbreaks
_____ Walk, Patio

Description of work to be done: (Approximate size of property) _____

_____

_____

_____

_____

_____

INSTALLATION to be performed by:

_____ Spring Valley Nurseries
Preferred installation date _____
_____ Homeowner

*How did you hear about Spring Valley Nurseries? _____ Drive by _____ Referral _____ Other

Have you had work(s) performed by Spring Valley Nurseries in the past? _____ Yes _____ No

_____

COMPANY USE

Appointment Date: _____ Here: _____ There _____

Time: _____

Call Back - Date: _____ Time: _____

_____ _____

_____ _____