**Client Intake Form**

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME** |  | **DATE** |       |
| **PHONE** |  | **EMAIL** |       |
| **ADDRESS** |  | **CITY** |       |
| **STATE** |  | **ZIP** |       |

**1. What are you trying to organize/declutter?**

[ ]  Pantry

[ ]  Kitchen

[ ]  Laundry Room

[ ]  Playroom

[ ]  Closet

[ ]  Bedroom

[ ]  Bathroom

[ ]  Documents/Paperwork

[ ]  Office

[ ]  Garage

[ ]  Other:

**2. Are you willing to let go of unused items?**

**3. What package or service are you interested in?**

**4. If choosing a budget package, what is your budget or budget range?**

**5. When is your preferred date range?**

**6. Is there anything specific I should know about your project(s)?**

**7. (Optional) Attach photos of your space**

*Helps get a more accurate project timeline*