**Client Intake Form**

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| --- | --- | --- | --- |
| **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*