

Client Questionnaire

Please complete the following to help us tailor your project to your specific needs.

Contact Information	
Name:	
Address:	
Phone: Email:	
1. Which areas are you looking to trans	sform?
☐ Front Vard	□ Side Yard □ All Areas
2. What landscape features are you int	erested in?
Check all that apply:	
 ☐ Turf Removal (Water District Programs) ☐ Pathways ☐ Driveway ☐ Fencing ☐ Retaining Walls ☐ Patio/Seating Area ☐ Shade Structure ☐ Outdoor Dining/Kitchen/Barbecue ☐ Fireplace/Fire Pit ☐ Meditation/Wellness Garden 	 □ Bee/Butterfly/Bird Habitat □ Vegetable Garden □ Greenhouse/Potting Shed □ Storage Solutions □ Sports Court/Outdoor Gym □ Water Feature/Fountain/Birdbath □ Outdoor Shower/Sauna □ Catio/Dog Run □ Other:
3. Do you have any special considerati project?	ions or specific goals for your
4. What is your budget range? ☐ \$15,000 - \$30,000 ☐ \$30,000 - \$60,000	□ \$60,000 - \$100,000 □ \$100,000+