



ADDRESS: _____

PHONE: _____

REP NAME: _____

DATE: _____

CABINET LINE: _____

UPPER HEIGHT (WALL CABINETS):

30" 36" 42"

CEILING: _____ " HIGH

BULKHEAD YES NO

* IF YES: _____ "HIGH

SINK: SINGLE DOUBLE

RANGE: _____ " WIDE

STANDARD COOKTOP

DISHWASHER: YES NO

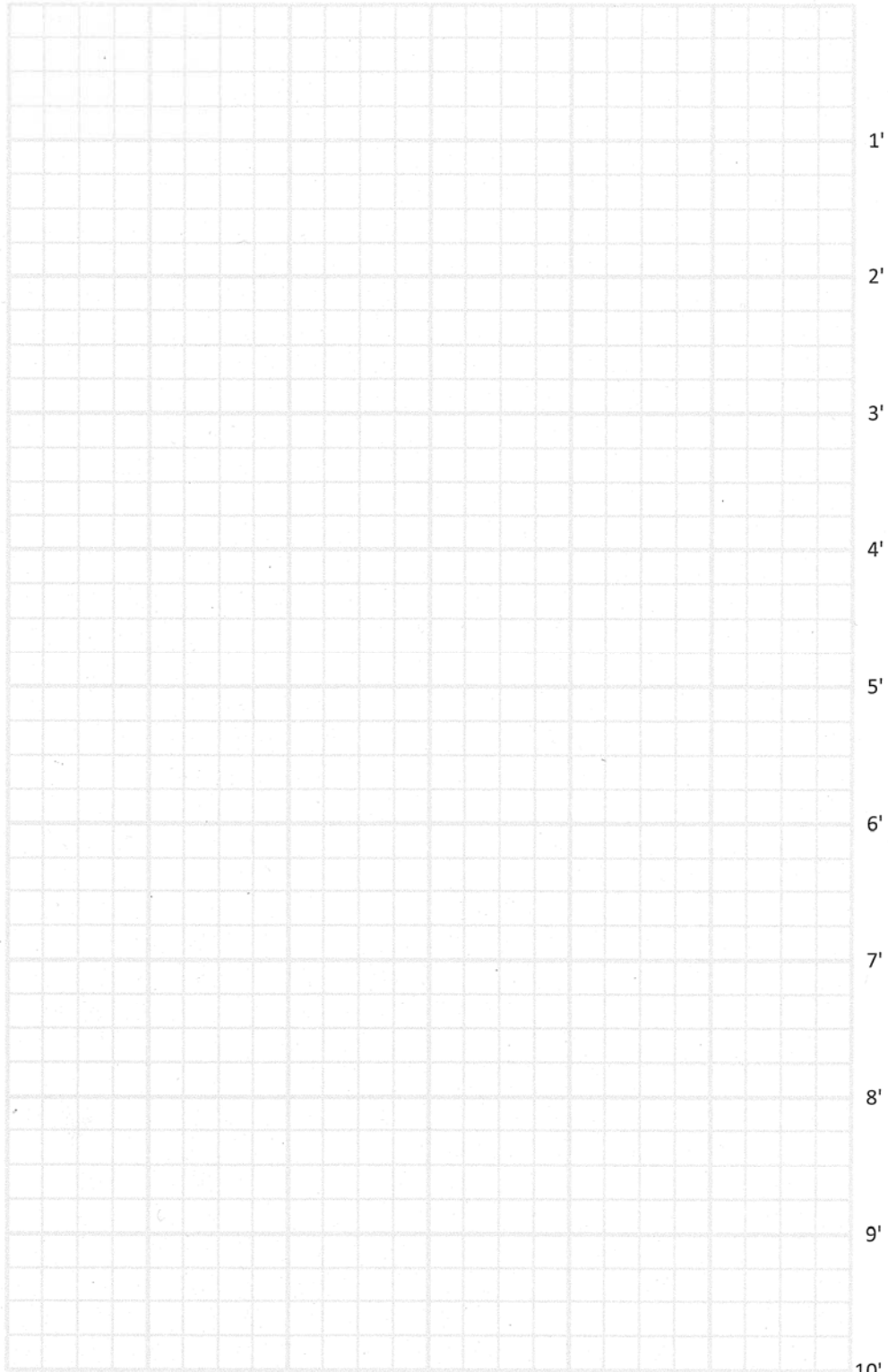
HOOD: STANDARD MICROWAVE

FRIDGE: _____ "H X _____ "W

LIGHT RAIL _____ "HIGH

NOTES: _____

REMEMBER TO TAKE PICTURES!!!



BE SURE TO MEASURE THE FOLLOWING:

- * All walls in kitchen where cabinets will be placed. Indicate if wall-to-wall.
- * Window width (including trim) and wall space to left and right.
- * Doors/door openings (including trim) and location.
- * Gas line (or electrical outlet) for stove center.
- * Plumbing center for sink.

PLEASE NOTE:

- * Indicate if wall-to-wall dimensions for fillers in design.
- * If soffits are being removed.
- * If crown molding is desired and height (ie. going to ceiling).