

Customer Questionnaire

The goal of this questionnaire is help establish functional and aesthetic goals, preferences, and budget limits for your landscaping needs.

For each of the items below, please rank their importance by checking the proper box. We've provided space in the last column so you can list any likes, dislikes or suggestions. Please leave items that do not apply to your landscaping needs blank.

Your Name: _____ Estimated Budget: _____

LANDSCAPE ELEMENT	IMPORTANCE			LIKES/ DISLIKES/ IDEAS
	High	Medium	Low	
Privacy				
Ease of Maintenance				
Drainage				
Sun				
Shade				
Wind Protection				
Noise Reduction				
Screen or Block Views in Yard				
Frame Views in Yard				
Safety/Security				
Reduce through Traffic				
Parking (Vehicle Circulation)				
Patio Space				
Retaining Walls				
Walkways				
Recreation Area - List type				
Barbeque/Picnic Area				
Sitting Areas				
Fire Pit				
Pet Area				
Wildlife Habitat - List type				
Preferred Hardscape Colors				
Plants /Flowers - List likes/dislikes				
Do you want to install part or your entire landscape plan?				Yes <input type="checkbox"/> No <input type="checkbox"/>
Additional Comments/Questions:				

Please return your completed questionnaire to:

Orsini Landscaping
2245 First Ave.
Schenectady, NY 12303
Email: info@orsinilandscaping.com
Fax: 518-357-2874