



Landscape Facelift Questionnaire

Dig Landscape Construction

General Information

Homeowner Name: _____

Address: _____

Phone: _____

Email: _____

<u>Areas to be worked on:</u>	<u>Yes</u>	<u>No</u>
Frontyard	<input type="checkbox"/>	<input type="checkbox"/>
Backyard	<input type="checkbox"/>	<input type="checkbox"/>
Courtyard	<input type="checkbox"/>	<input type="checkbox"/>

<u>When was your Yard Installed:</u>	
1-5 yrs ago	<input type="checkbox"/>
6-10 yrs ago	<input type="checkbox"/>
>10 years	<input type="checkbox"/>

<u>What is the style of your house?</u>	
English Cottage	<input type="checkbox"/>
Clean Contemporary	<input type="checkbox"/>
Mediterranean	<input type="checkbox"/>
East Coast/Hampton's	<input type="checkbox"/>
Balinese	<input type="checkbox"/>
Spanish	<input type="checkbox"/>
Asian Inspired	<input type="checkbox"/>
California Coastal	<input type="checkbox"/>
Other _____	<input type="checkbox"/>

Are you preparing for a party or just need a seasonal clean up?	Party	Seasonal
	<input type="checkbox"/>	<input type="checkbox"/>

Cont..

Specific Yard Clean up needs.....

Plant Material:	<u>Yes</u>	<u>No</u>
Tree and Shrub Trimming	<input type="checkbox"/>	<input type="checkbox"/>
Plant Replacement	<input type="checkbox"/>	<input type="checkbox"/>
Lawn Replacement	<input type="checkbox"/>	<input type="checkbox"/>
Pot or Planter Re-do	<input type="checkbox"/>	<input type="checkbox"/>
Seasonal/Annual Plant replacement	<input type="checkbox"/>	<input type="checkbox"/>

Living Spaces:	<u>Yes</u>	<u>No</u>
Furniture Clean-up or Refinishing	<input type="checkbox"/>	<input type="checkbox"/>
Outdoor Cushion Cleaning / Replacement	<input type="checkbox"/>	<input type="checkbox"/>
Appliance Cleaning (BBQ, Fireplace)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Lighting Repair:</u>		
Bulb Replacement	<input type="checkbox"/>	<input type="checkbox"/>
Fixture Replacement	<input type="checkbox"/>	<input type="checkbox"/>
Fountain Cleaning	<input type="checkbox"/>	<input type="checkbox"/>
Exterior Power-washing	<input type="checkbox"/>	<input type="checkbox"/>

Landscape Systems:	<u>Yes</u>	<u>No</u>
Soil Amendment	<input type="checkbox"/>	<input type="checkbox"/>
Irrigation and Drainage Repair/Replacement	<input type="checkbox"/>	<input type="checkbox"/>
Fresh Micro bark	<input type="checkbox"/>	<input type="checkbox"/>
Plant Pest/Fungus Problems	<input type="checkbox"/>	<input type="checkbox"/>
Pool/Spa Maintenance/Repair	<input type="checkbox"/>	<input type="checkbox"/>

Landscape Troubleshooting

Explain _____

Design Re-do's or Upgrades

Explain _____

How quickly do you need the work done? _____