

# ElmHurst Cabinet Co.

By providing the following information, you will help your ElmHurst Design Professional to better understand your needs and wants. Completing this form will give you a head-start in the design process that will eventually lead to your completed project.

Name

Contractor/Architect

1. What do you **dislike** most about your current kitchen?

2. What do you **like** most about your current kitchen?

3. How many people live in your household?

Adults

Teens

Children

4. Do you plan on enlarging your household while living there?  YES  NO

5. Who performs the majority of the cooking?

Right or left handed?

6. How many people cook in the kitchen at one time?

7. How is the kitchen primarily used?

Daily made-from-scratch meals       Daily heat & serve meals

Weekend family meals       Holiday gatherings

Other

8. Do you do any type of specialty cooking?

Baking       Canning       Gourmet       Ethnic      Other

9. Is the kitchen used as a place for socializing?  For how many?

10. How often do you entertain?

Formally  Informally

11. What type of countertops are you most interested in?

12. Do you plan on keeping your existing flooring?       YES       NO

(IF NO) New flooring to be used

13. What other types of activities commonly take place within your kitchen?

Laundry       Computer       TV/Radio       Baking       Crafts/Hobbies

Sewing       Games       Wet Bar       Planning desk

Other

14. What type of cabinet organization are you interested in?

- |  |                                 |   |  |   |
|--|---------------------------------|---|--|---|
| <input type="checkbox"/> Lazy Susan    | <input type="checkbox"/> Pantry | <input type="checkbox"/> Tilt-out Trays | <input type="checkbox"/> Vertical Dividers | <input type="checkbox"/> Roll-outs        |
| <input type="checkbox"/> Towel Bars    | <input type="checkbox"/> Linen  | <input type="checkbox"/> Recycle Bins   | <input type="checkbox"/> Cookbooks         | <input type="checkbox"/> Dishes           |
| <input type="checkbox"/> Cutting Board | <input type="checkbox"/> Wine   | <input type="checkbox"/> Cutlery        | <input type="checkbox"/> Plastic Ware      | <input type="checkbox"/> Bottles          |
| <input type="checkbox"/> Glassware     | <input type="checkbox"/> Spices | <input type="checkbox"/> Bread Box      | <input type="checkbox"/> Display Items     | <input type="checkbox"/> Small Appliances |

15. How high are your ceilings?

16. Do you have any wood or color preferences?

17. Will you be replacing and/or adding any major appliances? If so, which:

- Dishwasher    Refrigerator    Range    Cooktop    Oven    Microwave

18. Additional ideas or comments?

Please provide the following contact information so that one of our representatives can get in touch with you.

Email

Phone