

Attention:			
Company Name (Cont	ractor):		
Phone #:	Fax #:	Point of Contact:	
Home Owner/Job Nan			
Job Site Address:			
KITCHEN INFORM	ATION		
Ceiling Height:	Soffit:	Yes No Remove	
Window Dimensions:			
	Appliance	: Sizes:	
Refrigerato	up-1	I New I Reuse	
		New	
Microwave:			
wan oven	·	New ☐ Reuse	
Are walls being move	d? ☐ Yes ☐ No	Undermount: IVec IX	la.
Sink: ☐ Double ☐ Cabinets: ☐ Quality Grade: ☐ Particlebox	→ Kraftmaid →	Medallion Prestige	NO
Wall Cabinet Height:	□ 30" w/soffit	□ 30" w/out soffit	
	■ 42"		
Wood Species:	Color:	Doorstyle:	
COUNTERTOPS			
	∃self-edge ∃w	ood edge 🔲 bevel edge	
		☐ fused backsplash edge	
		w/edge type:	
Additional Notes:			
Date Received:	Return call	reauested upon receipt: \(\square\) ves \(\square\)	no