Turner's Landscape Inc. Client Interview

Please bring pictures and your plot plan when meeting with the designers. If you prefer to have the designers go to your location, there will be a \$75.00 consultation fee.

Client Name:		Date:
Home Phone:	Email Address:	
Work Phone:	Cell Phone:	
Address:		
City, State, Zip:		
Billing Address (if differen	ent than listed above):	
Name:		
Address:		
City, State, Zip:		
Age of family members:	(list any outdoor hobbies or	sports that take place in the yard)
Any Pets? Yes N	•	
What style of house do y	ou have? (Contemporary, b	
How old is the house?		
Do you have plot plans o	r architectural plans for the	house or lot? Yes No
What is the approximate	budget for the design and i	nstallation of the landscape?
Who will maintain the la	ndscape? Owner Co	ontractor others
Who will install the lands	scape? Owner Turne	er's Owner and Turner's

Soil / Drainage Questions
Poor Drainage Compacted Soil Excessive Runoff
Steep Slopes Poor Water Holding Other Grade Problems
<u>Utilities</u>
Above ground utilities
Below ground utilities
<u>Light Conditions</u>
Please provide information on the amount of sun the landscape receives. Be specific. (Full sun all day morning sun, afternoon sun, light shade, full shade, not sure) Front yard
Back yard Left Left
<u>Special Considerations</u> *Please check all that apply
Screen in yard Traffic noise Windbreaks Sand Drifting Shade Needed
Too much shadeFence needed Poor DrivewayTurnaround needed Poor walks
Existing plantsToo much Lawn Not enough lawn Paths on turf
Others, please specify
Plant Selection
Plants you like:
Plants you dislike:
What type of foundation planting do you prefer? Deciduous shrubs Evergreen shrubs Tropical
Service Areas
Clothes line Compost Bin Dog Kennel Boat/Trailer Storage
Vegetable garden, approx. size?
Grill/Fire pit Others

Recreational / Entertainment Areas Would you like recreation areas? ____ Yes ____ No If yes, please indicate what the areas will be used for: Would you like a deck or patio? ____ Yes ____ No If yes, please indicate the average number of people you will entertain: *Please check all items that you would like incorporated into the landscape design: ____ Annual flowers ____ Perennial Flowers ____ Ornamental grasses ____ Tropical Plants ____ Water Garden ____ Burtterfly/Humming bird garden ____ Vegetable/Herb Garden ____ Trees ____ Shrubs ____ Entry Garden ____ Driveway/ Car Turnaround ___ Patio Garden ____ Walks/Paths ____ Deck ___ Stairs ___ Retaining Walls ____ Seating ____ Outdoor Lighting ____ Swimming Pool ____ Foundation plantings ____ Children's play area ____ Irrigation ____ Lawn ____ Shrub beds border ____ Fencing ____ Mail Box ____ Dog Kennel ____ Large lawn for recreation ____ Meditation Garden ____ Large Shade Trees ____ Other:_____ Would you like planting beds mulched: ___ Yes ___ No If yes, would you prefer: __ Decorative Rock ___ Wood Chips ___ Shredded bark ___ Compost OTHER POINTS OR QUESTIONS YOU WANT TO ASK YOUR DESIGNER: If time allows before your scheduled meeting with your designer please send your interview form to your designer by: Fax - 361-991-2314 Email – turnerlandscape@hotmail.com

Mail – Turner Landscape Inc, 6503 South Padre Island Drive, Corpus Christi, TX 78412 Or please bring this form to your meeting with your designer.