



GARAGE ASSESSMENT

Day ___ Month ___ Year ___

How did you find us:

Customer: _____
Address: _____
Phone: _____
Email: _____

CURRENT SPACE: (circle one)

Ceiling Height: (a) _____ (b) _____ (c) _____
Drains: Y/N _____ Qty _____
Garage Door: W _____
Garage Door Rail: W _____ H _____
Window (outside of Trim) : W _____ H _____ Trim Thickness _____
Leveled walls and corners Y _____ N _____ (Visual check)
Electrical Panels/Wiring: Y _____ N _____ (Visual check)
Crawl Space or Attic Entrance: Y _____ N _____ H _____
Light Bulb: Where? Be mindful of its height and how far from L or R wall _____

WALL TYPE:

Drywall: Y/N _____
Open frame: Y/N _____
Cement: Y/N _____
Baseboards: Y/N _____ H _____
Other: _____

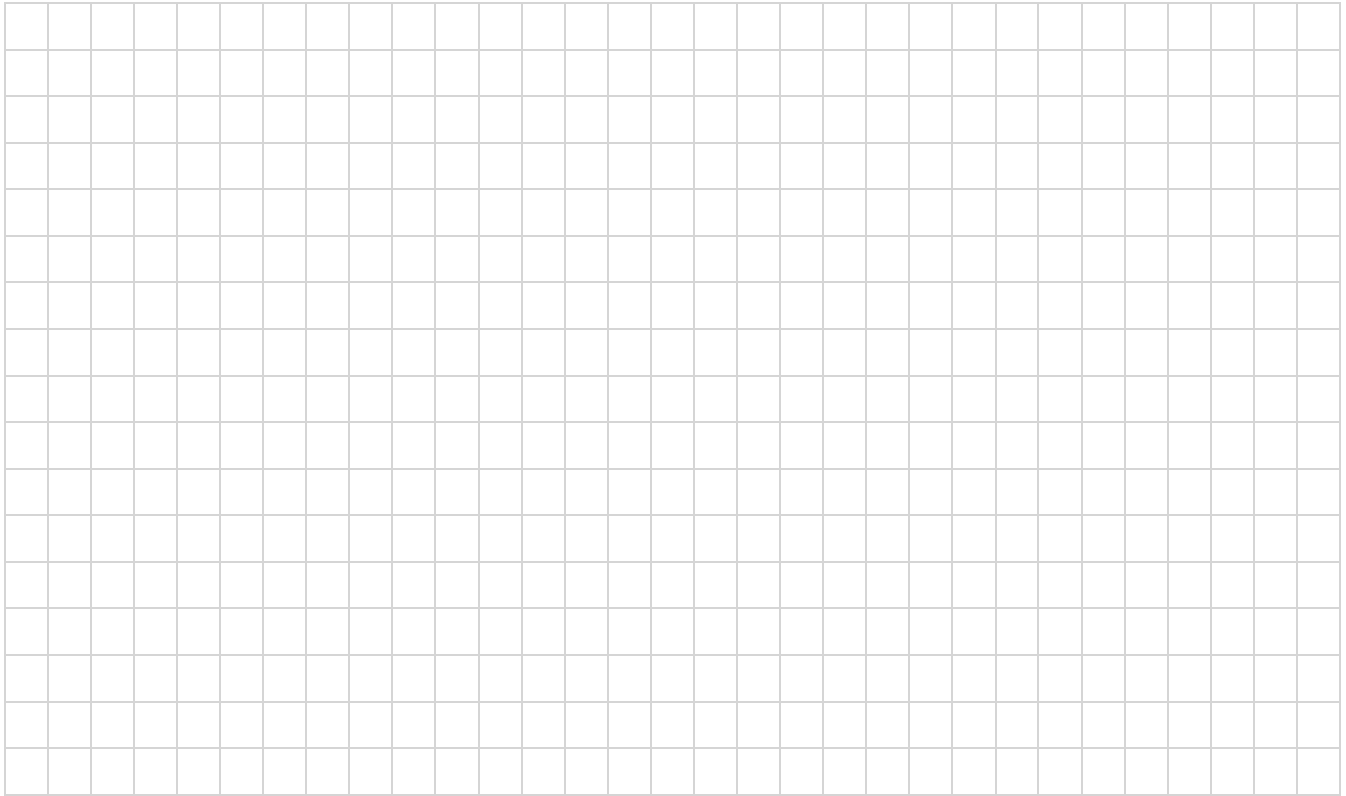
STEM WALL:

Stem Wall: Y/N Wall: H _____ W _____ D _____

STORAGE:

Work Bench: Y/N _____
Cabinets: Upper Cabinets / Base Cabinets / Tall Cabinets
Storage Items: Light / Medium / Heavy
Garage use: Light / Medium / Heavy
Overhead Storage: Y/N _____

DRAFT LAYOUT:



Color: Profile: Handle: Countertop:

Drawers: H _____ W _____ QTY _____

Questions:

1. What is the client timeline?
2. What is the client budget? (our average job between \$2500-\$3000)
3. How many other quotes have they requested?