

Lori Scott Landscape Design

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Client Input Questionnaire

Printer-Friendly Version

Please print a hard copy, fill it out, and bring to our next meeting.

Client Names _____

Address _____ City _____ Zip _____

Home phone _____ Work Phone _____ Cell Phone _____

Email _____ (Is this a reliable way to contact you?)

Check the following elements:

	Must Have	Possibly	No
Deck (Cedar? Ironwood? Trex?).....			
Patio (Stone, Pavers, Concrete, Gravel, Brick?).....			
Lawn (What purpose?).....			
Cutting Garden.....			
Vegetable Garden.....			
Herbs.....			
Perennial Border.....			
Woodland.....			
Flowering Trees.....			
Shade Trees.....			
Fruit Trees.....			
Rose Bed.....			
Rock Garden.....			
Groundcovers.....			
Ornamental Grasses.....			
Dry Creek Bed.....			
Greenhouse.....			
Containers/Pots.....			
Small Water Feature.....			

Trees or structures to be removed:

Who will install design? (Contractor, homeowner, both?)

Available Budget:

Phase-in or All-at-once?

Entertaining. Typical party size:

Attitude toward pesticides:

Especially Low Maintenance or "Love to garden every spare minute"

Who will do maintenance?

Special plants to include:

Color preferences:

Plants or colors to avoid: