



Date: _____

To: _____

From: _____

Entry Person: _____ Phone: _____

Unit Number: _____ Type of Unit: _____ (# of Bedrooms)

Is Unit: Empty or Occupied (Please Tick One)

Possible Dates for Install: _____

Requirements - Carpet

Product Color Name and Number _____

Stairs _____ Upper Hall _____ # Bedrooms _____ Closets _____

Living rm _____ Dining rm _____ Lwr Hall _____ lwr Closet _____

Requirements - Vinyl

Product Colour Name and Number _____

Kitchen _____ Bathroom Upper _____ Bathroom Lower _____

Laundry _____ Hall Upper _____ Hall Lower _____

Front Closet _____ Storage Room _____ # Bedrooms _____

Requirements - Laminate

Product Color Name and Number _____

Upper Hall _____ # Bedrooms _____ Upper Closets _____

Living rm _____ Dining rm _____ Lwr Hall _____ lwr Closet _____

Additional Information/Comments:

