

KITCHENS BY DESIGN

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Project Wish List

Name: _____

Date: _____

Address: _____

Telephone

Home: _____

City: _____

Work: _____

State: _____

Email: _____

Zip Code: _____

How did you hear about Kitchens By Design? _____

Type of Project New Remodel

When would you like to start this project? _____

Please describe the project

Cabinets: _____

Countertops: _____

Flooring: _____

Installation: _____

Ceiling Height: _____

Will you be making significant changes to your current layout? _____

Will you be purchasing new appliances? Yes No

Refrigerator: _____

Size: _____

Range/Cooktop: _____

Size: _____

Wall Oven: _____

Size: _____

Dishwasher: _____

Size: _____

Sink(s): _____

Continued On Next PageText

Undercounter Appliances: _____

Do you have a budget? _____

What brand of cabinetry are you Interested in? _____

What type of features/accessories do you want to see in your new kitchen?

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Roll Out Trays | <input type="checkbox"/> Lazy Suzan | <input type="checkbox"/> Garbage Pullout | <input type="checkbox"/> Full Extension Drawers |
| <input type="checkbox"/> Mixer Lift | <input type="checkbox"/> Cutlery Divider | <input type="checkbox"/> Pot/Pan Draws | <input type="checkbox"/> Spice Drawer/Rack |
| <input type="checkbox"/> Wine Rack | <input type="checkbox"/> Bookshelf | <input type="checkbox"/> Wicker Basket | <input type="checkbox"/> Glass Doors |
| <input type="checkbox"/> Chef Pantry | <input type="checkbox"/> Corbel/Deco Legs | <input type="checkbox"/> Stem Glass Holder | <input type="checkbox"/> Bread Lid |
| <input type="checkbox"/> Tray Dividers | | | |

Other: _____

Additional Information