



254-752-8122



RESIDENTIAL LAWN MAINTENANCE QUESTIONNAIRE

By answering the following questions, we will be better able to serve you. Thank you for your time.

Name _____ Address _____

_____ Email _____

Have you previously worked with a professional lawn care service? ____ Yes ____ No

If yes, describe your experience: _____

Do you need: _____ a full service lawn company or a _____ mowing service?

What time of day do you prefer service? _____

Do you have a plat of your property available to us? ____ Yes ____ No

Do you have pets? Number ____ Names: _____

Special locks on property? ____ Yes ____ No Will we have code? ____ Code # _____

Location of Irrigation Timer: _____

Location of Lighting Timer: _____

If none, are you interested in lighting? ____ Yes ____ No

Any allergies to chemicals? ____ Yes ____ No

Favorite Plants _____

Favorite Colors: _____