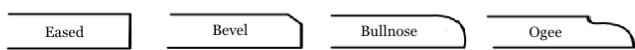




Please use the space below to draw a schematic of your project with all related measurements. Mark all finished and exposed edges that you wish to be polished with an X, all backsplashes with an O. Sinks, stoves, and all other related fixtures should be marked on the schematic in their location. Any special requests, custom curves, shapes, etc. should also be clearly marked. If you have any questions please feel free to call us during normal business hours.

Date:	
Company (If Applicable) :	
Name:	
Home Phone:	
Work Phone:	
Cell Phone:	
Fax:	
Email or Website:	
Street:	
City: State: Zip:	
Referred By:	
Have you selected your stone yet? <input type="checkbox"/> No <input type="checkbox"/> Yes - Please Specify: _____	
If yes where is your stone located?	
Edge Detail 	
Will backsplashes be Required? <input type="checkbox"/> Yes Specify Height ___ <input type="checkbox"/> No	
Will outlet cutouts be Required? <input type="checkbox"/> Yes Specify Quantity ___ <input type="checkbox"/> No	
Sink Type: <input type="checkbox"/> Undermount <input type="checkbox"/> Drop in <input type="checkbox"/> Other _____	
Stove Type: <input type="checkbox"/> Free Standing Range <input type="checkbox"/> In Counter <input type="checkbox"/> Other _____	
Will DGM be removing old countertops? <input type="checkbox"/> Yes <input type="checkbox"/> No Type _____	
Would you like DGM to provide a sink in your quote? <input type="checkbox"/> No <input type="checkbox"/> Yes - Specify: _____	
Sink Base Cabinet Width _____	
Notes:	