

STARK

MEASURE REQUEST FORM

Date: 2018-09-27 Designer: JSC Interiors Phone#: _____
Salesperson: Tenzing Nepali Showroom: NEW YORK

Client Information:

Name: Karyna Shuliak
Address 9 East 71st Street
City NY State: 10021 Zip: _____
Phone#: _____

Contact Person to Schedule Measure:

Name: Karyna Shuliak
Phone#: _____
Email: _____
 Call to Schedule No. Just go ASAP

Measure Date: _____ By: _____ Call: 15 Min. 30 Min. 1 Hr. before

THE FOLLOWING AREAS ARE TO BE MEASURED:

- | | |
|--|---|
| <input type="checkbox"/> Bed Room(s): _____
<input type="checkbox"/> Boy <input type="checkbox"/> Girl <input type="checkbox"/> Baby <input type="checkbox"/> All | <input type="checkbox"/> Entire: _____
<input type="checkbox"/> No Kitchen <input type="checkbox"/> No Baths |
| <input type="checkbox"/> Master Suite: _____ | <input type="checkbox"/> Living Room: _____ |
| <input type="checkbox"/> Dressing Room: _____ | <input type="checkbox"/> Dining Room: _____ |
| <input type="checkbox"/> Sitting Area: _____ | <input checked="" type="checkbox"/> Library: <u>+ the vestibules</u> |
| <input type="checkbox"/> Office: _____ | <input type="checkbox"/> Study Room: _____ |
| <input type="checkbox"/> Guest Room: _____ | <input type="checkbox"/> Den: _____ |
| <input type="checkbox"/> Family Room: _____ | <input type="checkbox"/> Media Room: _____ |
| <input type="checkbox"/> Sun Room: _____ | <input type="checkbox"/> Billiard Room: _____ |
| <input type="checkbox"/> Foyer Room: _____ | <input type="checkbox"/> Exercise Room: _____ |
| <input type="checkbox"/> Main Steps: _____ | <input type="checkbox"/> Powder Room: _____ |
| <input type="checkbox"/> Upper Hall: _____ | <input type="checkbox"/> Maids Room: _____ |
| <input type="checkbox"/> Back Steps: _____ | <input type="checkbox"/> Bath(s): _____ |
| <input type="checkbox"/> Back Hall: _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Closets: _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Basement: _____ | <input type="checkbox"/> _____ |
- Other(s): _____

Special Instructions:

Reset Form

Print Form

Email