

Kitchen Planning Questionnaire

The following questions will assist us on creating the kitchen of your dreams!

1. How were you referred to Riley Kitchen & Bath Co.? _____

2. ___ New Construction ___ Remodel
3. Name of builder or contractor: _____
4. Number of members in your family: _____
5. How long do you plan on living in the home you are Remodeling/building?
___ 1 to 5 yrs ___ 6 to 10 yrs ___ 11 to 20 ___ 20+
6. Does your new kitchen require a table or would you be willing to explore other options if a design could be improved?
___ A kitchen table is required
___ Preferred but open to other options
___ Not necessary
7. What other activities will take place in your new kitchen?
___ Laundry ___ Homework ___ Watching TV
___ Paying bills/computer center ___ Sewing ___ Other
8. What are your color preferences for your new kitchen? _____

9. If your design could be greatly improved, would you be willing to make structural changes? (i.e. moving windows, doors, and walls)
___ yes ___ No
10. What do you like about your current kitchen? _____

11. What do you dislike about your current kitchen? _____

12. Do you require a recycling center in your kitchen?
 Yes No
13. If yes, how many items do you need to sort? _____
14. Appliance Selections:
 Dishwasher Microwave
 Refrigerator Compactor
 Oven/Range Wine Cooler
 Stove Top Ice Maker
 Additional Ovens How many?
15. What is your style preference for your new kitchen?
 Contemporary Formal
 Country Traditional
16. When would you like to begin your project? _____

General Information

Name: _____
 Address: _____
 City/State/Zip: _____
 Home Phone: _____
 Work Phone: _____
 Fax: _____
 New Home Address: _____

Builders Name (if applicable): _____
 Builders Contact Name: _____
 Phone: _____



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