



PICTURE HOOK REQUEST

Name: _____ Date ____/____/____

Address: _____

Please tick corresponding room and circle required amount of picture hooks.

<input type="checkbox"/> Entrance	1	2	3	4	5
<input type="checkbox"/> Hallway	1	2	3	4	5
<input type="checkbox"/> Lounge	1	2	3	4	5
<input type="checkbox"/> Dining	1	2	3	4	5
<input type="checkbox"/> Kitchen	1	2	3	4	5
<input type="checkbox"/> Study	1	2	3	4	5
<input type="checkbox"/> Laundry	1	2	3	4	5
<input type="checkbox"/> Stairwell	1	2	3	4	5
<input type="checkbox"/> Upstairs Landing	1	2	3	4	5
<input type="checkbox"/> Hallway (upstairs)	1	2	3	4	5
<input type="checkbox"/> Bedroom 1	1	2	3	4	5
<input type="checkbox"/> Bedroom 2	1	2	3	4	5
<input type="checkbox"/> Bedroom 3	1	2	3	4	5
<input type="checkbox"/> Bedroom 4	1	2	3	4	5
<input type="checkbox"/> Ensuite	1	2	3	4	5
<input type="checkbox"/> Toilet	1	2	3	4	5

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