

Eurocraft Cabinetry Inc

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**In-Home Measurement Detail Form** **Date:** \_\_\_\_\_

**Kitchen Structure Detail** (Please sketch on the back & take photos)

Ceiling High:

Desirable cabinet high:

Island Size: Hangover?

Window(s)

Size: Frame width:

Size: Frame width:

Door(s)

Size: Frame width:

Size: Frame width:

Special Remark: (window high from floor, plumbing outlet, range location, special ceiling high, etc.)

**Appliances**

Replace with New? Size Style

Cooktop / Range:

Range Hood: Wall-mount / Under Cabinet

Sink Standard / Apron (Farm)

Refrigerator Standard / Subzero

Oven Single / Combo / Double

Microwave

Wine Cooler

Other

Special Remark

**Hardware Desired:** **Cabinet Style Preferred:**

Trash Can Base Full Door

Spice Rack pull-out Regualr Base with drawer

Lazy Susan tray 2 drawers or 3 drawers

Blind Corner Pull-out Frosted Glass door

Pantry Pull-out basket Wall Single Lift (WSL)

Roll-out-tray Wall Bi-fold Lift (WBF)

Bathroom(s)/Other areas Area purpose

1 Size:

2 Size:

3 Size:

4 Size:

Special Remark

**\*\*\*\*\* Please notify us if any changes in structure or appliances right away.**

Customer Signature: