

Picture Hook Request

Date: _____

Name: _____

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"/> | Bathroom | 1 | 2 | 3 | 4 | 5 |
| <input type="checkbox"/> | Ensuite | 1 | 2 | 3 | 4 | 5 |
| <input type="checkbox"/> | Toilet | 1 | 2 | 3 | 4 | 5 |

