



CLIENT NAME: _____

NEW HOME ADDRESS: _____

DATE: _____

*** PLEASE provide color chips of paint choices (if not SICO) to ensure chosen color is tinted correctly. ***

| ROOM | PAINT COLOR / NUMBER | COLOR PALLETTE (SICO, Benjamin Moore, ICI, etc.) |
|---------------------|----------------------|--|
| Entry | | |
| Living Room | | |
| Kitchen | | |
| Dining Room | | |
| Stairwell / Landing | | |
| Hallway | | |
| Half Bath | | |
| Main Bath | | |
| Ensuite | | |
| Basement Bath | | |
| Master Bedroom | | |
| Bedroom #2 | | |
| Bedroom #3 | | |
| Family Room | | |
| Other: | | |
| Other: | | |

NOTES: _____

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