



Sound Control Room, Inc.

12535 Kling Street

Studio City, CA 91604

phone: 818-788-1238

fax: 818-788-1442

[soundcontrolroom.com](http://soundcontrolroom.com)

YOUR INFORMATION WILL NEVER BE SHARED.

Date \_\_\_\_\_

## Client Inquiry – Room Analysis Form

\*\*\*\*\* ONLY ONE ROOM PER SHEET \*\*\*\*\*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone : ( \_\_\_\_\_ ) \_\_\_\_\_

Cell: ( \_\_\_\_\_ ) \_\_\_\_\_

Fax: ( \_\_\_\_\_ ) \_\_\_\_\_

Email: \_\_\_\_\_

\*\*\*\*\* ONLY ONE ROOM PER SHEET \*\*\*\*\*

**Room Dimensions:**

Length: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_  
 (please indicate, e.g. "ft" – "in")

Use of Room: \_\_\_\_\_

(Check all that apply)

<b>Service:</b>	<input type="checkbox"/> Consultation	<input type="checkbox"/> Custom Products	<input type="checkbox"/> Installation	<input type="checkbox"/> Other: _____
	<input type="checkbox"/> Previous Client	<input type="checkbox"/> Design	<input type="checkbox"/> Internet Order	

**Existing Surface Types:**

<b>Walls:</b>	A) Drywall, Gypsum Board	C) Plaster	E) Paneling	G) Concrete
	B) Brick	D) Unfinished	F) Other: _____	(Block or Poured)
	FR. 1 _____ Back. 2 _____	LT. 3 _____	RT. 4 _____ Wall 5 _____	Wall 6 _____
<b>Ceiling:</b>	<input type="checkbox"/> Drywall / Gypsum Board	<input type="checkbox"/> Exposed Joists	<input type="checkbox"/> Drop Tile Ceiling ("T" bar, "grid," etc.)	<input type="checkbox"/> Metal Deck/Trusses
	<input type="checkbox"/> Other: _____			
<b>Floor:</b>	<input type="checkbox"/> Carpet	<input type="checkbox"/> Hardwood	<input type="checkbox"/> Concrete	<input type="checkbox"/> Vinyl/Tile
	<input type="checkbox"/> Other: _____			<input type="checkbox"/> Unfinished Sub Floor

Anything else you can tell us about your situation: \_\_\_\_\_

<b>You Found us:</b>	<input type="checkbox"/> Previous Client	<input type="checkbox"/> Print: (i.e. Magazine)	<input type="checkbox"/> Referral:	<input type="checkbox"/> Other:
	<input type="checkbox"/> Internet	Which: _____	_____	_____



Sound Control Room, Inc.

12535 Kling Street

Studio City, CA 91604

phone: 818-788-1238

fax: 818-788-1442

[soundcontrolroom.com](http://soundcontrolroom.com)

Name: \_\_\_\_\_

Room Title: \_\_\_\_\_

Any further information you would like to add:

\_\_\_\_\_

\_\_\_\_\_

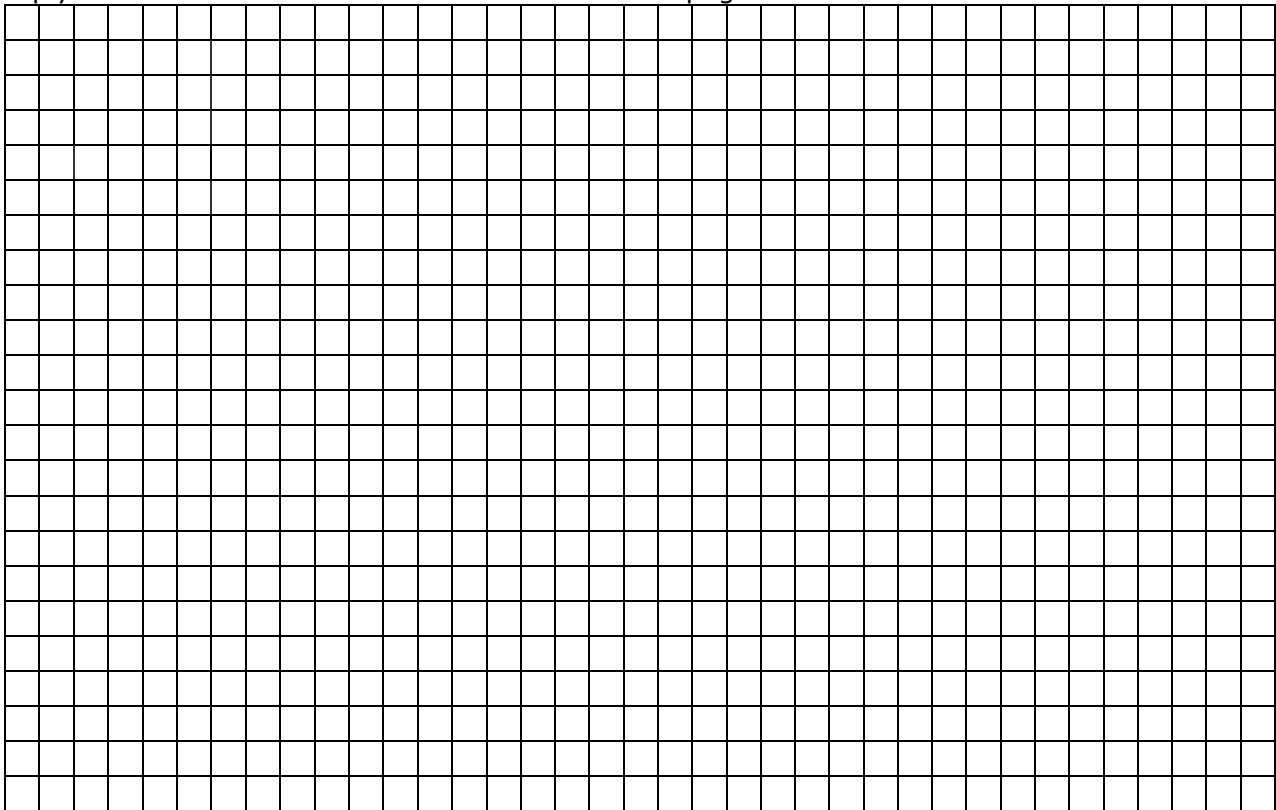
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

To draw your room, print this graph. Fax back to: 818-788-1442. Returning the form is easy, simply click the submit button at the bottom of this page.



- Please contact me about future teleclasses and web-seminars hosted by **Steven Klein**.
- Your suggestions for class topic, i.e., Acoustics, Soundproofing, Design:

Suggestions: \_\_\_\_\_

**PRIVACY POLICY: YOUR INFORMATION WILL NEVER BE SHARED.**