



GARDEN ADVICE PROGRAM APPLICATION

(Office will assign) Client # _____

NAME _____

ADDRESS _____

DEVELOPMENT (if applicable) _____

PHONE Day _____ Evening _____

EMAIL _____

VISIT TIME AVAILABILITY • VISIT MAY LAST UP TO TWO HOURS (Check all that apply)

___ Weekdays ___ Saturdays ___ Mornings ___ Afternoons ___ Early Evenings

ARE YOU ___ a novice gardener ___ a moderately experienced gardener ___ an experienced gardener

PROPERTY TYPE PROPERTY SIZE

___ Urban ___ Suburban ___ Rural ___ < than 1/4 acre ___ 1/4 to 1 acre ___ > 1 acre

DOES YOUR DEVELOPMENT HAVE LANDSCAPE DEED RESTRICTIONS? ___ Yes ___ No ___ N/A

HOW LONG HAVE YOU LIVED IN YOUR HOME?

___ < 1 year ___ 1 to 3 years ___ 4 to 7 years ___ > 7 years

ENVIRONMENTAL FACTORS (If mixed, check all that apply)

LIGHT ___ Full sun ___ Part shade ___ Full shade

SOIL ___ Clay ___ Loam ___ Sand ___ Don't Know

MOISTURE LEVEL ___ Dry ___ Moist ___ Wet ___ Don't Know

HAVE YOU HAD A UD SOIL TEST? ___ Yes ___ No If Yes, when? _____(MM/YYYY)

MAINTENANCE (Check all that apply)

	Lawn	Shrubs	Trees	Perennials
By Owner	___	___	___	___
By Professional	___	___	___	___

HOMEOWNER'S PRIORITIES FOR THIS VISIT

Please prioritize and describe the landscaping and/or gardening problems you would like our visiting team to address during the site visit.

1. _____

2. _____

3. _____

ADDITIONAL SITE CHARACTERISTICS

Please list any additional site characteristics we should consider when planning for your visit (i.e., slopes, hills, eroding areas, underground wires/pipes, critter damage, deer, rabbits, groundhogs, etc., excessive moisture).

Send completed form by:

- email to Carrie Murphy, cjmurphy@udel.edu
- mail to UD Cooperative Extension, Garden Advice Program:
461 Wyoming Road, Room 131, Newark, DE 19716
- fax (302) 831-8934.

University of Delaware • New Castle County Cooperative Extension
461 Wyoming Road, Room 131 • Newark DE 19716-1303 • 302-831-2506
Fax (302) 831-8934 • Garden Line 302-831-8862 • <http://extension.udel.edu/>

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