

REUPHOLSTERING QUESTIONNAIRE
(TO BE COMPLETED BY THE UPHOLSTERER)

1. REPAIR FIRM NAME & ADDRESS: _____

2. REPAIR FIRM TELEPHONE NUMBER: _____

3. OWNER'S NAME: _____

4. ITEM EXAMINED: _____
(MANUFACTURER)

_____ (MODEL #) _____ (YEAR MANUFACTURED)

5. DESCRIBE THE DAMAGE IN DETAIL, INCLUDING LOCATION. _____

6. IS UPHOLSTERING ACTUALLY NECESSARY? _____

7. CAN MATERIAL BE MOVED FROM ONE PORTION OF THE ITEM TO MAKE A SATISFACTORY REPAIR? _____

8. CAN SOME SORT OF PATCH BE APPLIED TO MAKE A SUITABLE REPAIR? _____

9. CAN THE DAMAGE BE REWEAVED? _____

10. CAN THE MATERIAL ON THE ITEM BE MATCHED? IS THE MATERIAL AVAILABLE FROM THE MANUFACTURER? EVERY EFFORT TO DO THIS COULD SAVE THE GOVERNMENT A SUBSTANTIAL AMOUNT OF MONEY.

11. WHAT IS THE VALUE OF THE MATERIAL ON THE UPHOLSTERED ITEM AT PRESENT? _____

12. IS COMPARABLE MATERIAL BEING USED IN THE REPAIR/REUPHOLSTERY? _____

13. ARE THE MATERIAL AND LABOR COSTS LISTED SEPARATELY ON THE ESTIMATE? _____

14. WILL THE DAMAGE GET WORSE WITH TIME, IF NOT REPAIRED? IS SO, PLEASE EXPLAIN. _____

15. IF THIS ITEM IS PART OF A SET OR PAIR, WHAT DESIGN OF FABRIC WOULD COORDINATE WITH THE DAMAGED FABRIC? _____
