

Residential Intake Form

Customer Name: _____

Phone # (cell) _____ (home) _____

Email address: _____

Customer Address: _____

Property Location (if different) _____

Approximate square footage _____ Number of rooms to be cleaned _____

Bedrooms # _____ Full Bathrooms# _____ Half Baths# _____

Other rooms, check to include:

Kitchen Laundry Livingroom Family Room/Den Office Garage

Extra areas, describe: _____

Please describe any special care requests (such as allergies, sensitivities, delicate surfaces, pets, etc.)

Do you have an idea how often you will want cleaning visits?

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Customize your cleaning level by entering the # of rooms for each:

Deep Clean	Extra	Basic

Okay! Thank you for the details, we will create a plan with you at our quote visit.

We look forward to serving you!