

Client Data Form

First Name:		Last Name:
Other Contacts in Hom	e:	
Address:		City:
State:	Zip Code:	Phone #:
Email:		Preferred Method of Contact: Call / Text / Email
Preferred Payment Me	thod: Cash / Check / Card / B	ank Transfer Allergies:
# of Bedrooms:		# of Bathrooms:
Square Foot:		# of Stories:
Other Rooms:		Rooms to Avoid:
Types of Floors:		
Do Not Touch Items:		
Type of Cleaning Desired:		How Often:
Areas of Concern:		
Where to Park:		Where to Enter:
Key Instructions/Alarm	or Gate Codes:	
Trash Removal Instruct	ions:	
Preferred Day/s of the	week and time:	
Desired Cleaning Mater	rials: I have my own / Comp	pany Materials
Pets:		Names:
Special Instructions for	Pets:	
Printed Name	Sign	ature Date