

Notes to the Cleaner



TYPE OF SERVICE: [] REGULAR [] DEEP DATE: _____

LENGTH OF SERVICE: [] BUDGET [] GUARANTEED

- | | | |
|--------------------------|--------------------------|-------------------|
| Not Needed | To Do | |
| <input type="checkbox"/> | <input type="checkbox"/> | Kitchen |
| <input type="checkbox"/> | <input type="checkbox"/> | Living Room |
| <input type="checkbox"/> | <input type="checkbox"/> | Dining Room |
| <input type="checkbox"/> | <input type="checkbox"/> | Laundry Room |
| <input type="checkbox"/> | <input type="checkbox"/> | Master Bedroom |
| <input type="checkbox"/> | <input type="checkbox"/> | Master Bathroom |
| <input type="checkbox"/> | <input type="checkbox"/> | Bedroom 2 |
| <input type="checkbox"/> | <input type="checkbox"/> | Bedroom 3 |
| <input type="checkbox"/> | <input type="checkbox"/> | Bedroom 4 |
| <input type="checkbox"/> | <input type="checkbox"/> | Bedroom 5 |
| <input type="checkbox"/> | <input type="checkbox"/> | Bathroom 2 |
| <input type="checkbox"/> | <input type="checkbox"/> | Bathroom 3 |
| <input type="checkbox"/> | <input type="checkbox"/> | Bathroom 4 |
| <input type="checkbox"/> | <input type="checkbox"/> | Bathroom 5 |
| <input type="checkbox"/> | <input type="checkbox"/> | Office 1 |
| <input type="checkbox"/> | <input type="checkbox"/> | Office 2 |
| <input type="checkbox"/> | <input type="checkbox"/> | Finished Basement |
| <input type="checkbox"/> | <input type="checkbox"/> | Other _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Other _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Other _____ |

of Bedrooms to be cleaned _____
 # of Bathrooms to be cleaned _____
 Total # of Rooms to be cleaned _____
 Tip Left? [] Yes [] No

CLIENTS NAME: _____
 SERVICE ADDRESS: _____

NOTES TO CLEANER:

NOTES TO OFFICE:

ALLOW EXTRA TIME TO FINISH IF NEEDED?
 YES NO

X _____
 SIGNATURE

NEXT TIME, PLEASE ADD EXTRA TIME FOR
 [] INTERIOR FRIDGE
 [] INTERIOR OVEN
 [] INTERIOR MICROWAVE
 [] INTERIOR FREEZER
 [] CARPET CLEANING
 [] 2" HORIZONTAL BLINDS
 [] CABINET FRONTS
 [] ORGANIZING SESSION
 [] ADDITIONAL CLEANER ____ HRS
 [] ECO FRIENDLY SUPPLIES
 [] _____
 [] _____
 [] _____

Our office will confirm this request