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**Name:**

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Please assist us in ensuring you receive the best service from us. Please check mark inside the box that best describes your experience for each question.

Quality Service Performance Rating	Bad	Poor	Fair	Good	Great
1. Were the cleaners respectful, friendly, courteous and professional? Explain:					
2. Were they on time? How do you feel about the time it took to complete the job? Explain:					
3. How thorough were they? Was there anything untouched or poorly cleaned? Explain:					
4. Was the communication line clear? Explain:					
5. Were you comfortable and confident about their performance? Explain:					

Please tell us how you feel about your Cleaning Takeover experience.

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**In your own words:**

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Please sign below to authorize us to use your rating and description of your experience with us. We will not share your personal information with anyone outside of our company. This is strictly for marketing purposes.

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**Signature:**

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