

**Client Checklist**

**Client Information**

**Client Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Door / Garage codes:** \_\_\_\_\_

**Estimated Time / Payment / Payment**

**Method:** \_\_\_\_\_

**Frequency:** \_\_\_\_\_

**AVG Time of Arrival:** \_\_\_\_\_

**Pets:** \_\_\_\_\_

Master Bedroom: Basic clean

Kitchen: Basic clean

Dining Room: Basic clean

Bedroom 2: Basic clean

Living Room: Basic clean

Bedroom 3: Basic clean

Laundry Room: Basic clean

Beds:

Hard Floors:

Master Bathroom: Basic clean

Trash/ Recycling:

Bathroom 2: Basic clean

Special Products:

Bathroom 3: Basic clean

Blinds:

Baseboards:

Office / Family Room: Basic clean

Extra Notes: