

Customer Data Sheet

Customer's Name _____
Address _____ Zip _____
Home Phone _____ Her Work _____ Her Cell _____
His Work _____ His Cell _____ (Please asterisk preferred phone)
Email Address _____

How would you prefer to be contacted for holiday rescheduling changes, windows of time, etc?
Email _____ Phone _____

Possible other names on Checks Received (Needed for Accurate Posting of Check(s))

of bathrooms _____ # of bedrooms _____ # of stories _____
More than 50% carpeted Yes _____ No _____

Access to Home (Gate Code, Alarm Code and Location, Location of Hidden Key, Other Entering Instructions) _____

Animal Names, Types and Special Instructions _____

Special Products Client Will Provide and Location of Products _____

Special Instructions for Dusting _____

Location of Central Trash Container _____

Special Instructions Regarding Closed Doors _____

Do Not Touch Items _____

Other Instructions _____

PERIODIC TASKS

(FREE FOR WEEKLY AND BI-WEEKLY CLIENTS ONLY-Available for other clients at a small additional cost) –
Performed one at each visit starting at second visit

Please choose and rank in the order you would like them performed

___ Clean outside kitchen cabinets ___ Vacuum Furniture (One Room)

___ Clean outside bathroom cabinet ___ Wet wipe baseboards* ___ Wet wipe window sills

___ Wet wipe door facings and frames ___ Sweep patio (you provide the broom)

*It takes two visits to complete the wet wiping of the baseboards

EMAIL OR LEAVE FOR THE CLEANERS AT THEIR NEXT VISIT

850-974-8234 Mgcleaningco19@gmail.com