

Cleaning Clients Information Form

Please provide us with the following information to better serve you.

* Indicates required question

1. How did you hear about our cleaning services?

Mark only one oval.

- Social media
- Word of mouth
- Online search
- Flyer or brochure

2. Which type of cleaning service are you interested in? *

Mark only one oval.

- Regular cleaning
- Deep cleaning
- Move-in/move-out cleaning
- Special event cleaning
- Maid Service
- Property Cleaning
- Other: _____

3. Which areas of your home do you need cleaning services for? *

Check all that apply.

- Living room
- Kitchen
- Bathroom
- Bedroom
- Dining room
- Home office
- Basement
- Other: _____

4. What is the square footage of your home?

5. How often would you like the cleaning service? *

Mark only one oval.

- Daily
- Weekly
- Bi-Weekly
- Monthly
- Other: _____

6. Preferred day(s) for cleaning *

Check all that apply.

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday

7. Preferred time for cleaning *

Example: 8:30 AM

8. Add-On Services or Specific Requests

9. On a scale of 1 to 10, how satisfied are you with your current cleaning service provider?

Mark only one oval.

1

2

3

4

5

6

7

8

9

10

This content is neither created nor endorsed by Google.

Google Forms

