



OFFICE USE ONLY:	
Cleaning Day:	Territory:

Service Proposal	
Name:	
Address:	
Phone Number:	Home: _____ Work: _____ Cell: _____
E-Mail:	
Cross Streets:	
Square Feet:	
Do you have any pets? If yes, what kind? How many?	How did you hear about us?

Living Area/ Bedrooms:	Check All That Apply	DECOR: (knick- knacks, picture frames, etc) YES or NO	FLOORS: Washable floors? YES or NO	SIZE OF ROOM: Small, Medium Large	COMMENTS: Please feel free to make comments
Master Bedroom					
Bedroom	How Many?				
Family Room					
Living Room					
Dining Room					
Office/Study					
Rec Room					
Hallways					
Stairs					
Other					
Kitchen/Bath:					
Kitchen					
Master Bathroom					
Bathrooms	How Many?				
Half Bath					
Utility Room					
Foyer/Front Entry					
Entry (side or back)					
Other					
Other					
Other					

Please fill in, scan or fax back to our office and we will contact you. Your information will be confidential.