

# CLEANING REQUEST FORM

PO Box: 500069

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NAME OF TENANT	DATE

APT NO.	
DURATION OF CONTRACT	

DETAILS OF SERVICE REQUEST						
No. of Bedroom		NEEDED				
S/N	DESCRIPTION OF SERVICE	YES	NO	FREQUENCY	TIME	DAYS
1	COLLECTING THE GARBAGE					
2	CLEANING THE FURNITURE					
3	CLEANING THE FLOOR /WINDOWS FROM INSIDE					
4	VACUUMING THE CARPETS					
5	CLEANING THE BEDROOMS /THE BALCONY/ BATHROOMS					
6	CLEANING THE KITCHEN / WASHING KITCHEN TOOLS					
7	CLEANING MATERIAL PROVIDED					
8	OTHER SERVICES					
REMARKS						

PREPARED BY:

REQUESTED BY:

FULL CIRCLE CO. LLC

CLIENT NAME W/SIGNATURE