

# Contract Cleaning Service Form

## Client Information

Name/Company: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

## Contract Details

Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_

## Cleaning Schedule

Frequency of Service:

Daily

Weekly

Monthly

Time of Service: \_\_\_\_\_

## Scope of Work

Task	Include d	Not Included	Special Instructions
Floor Cleaning	<input type="checkbox"/>	<input type="checkbox"/>	
Window Cleaning	<input type="checkbox"/>	<input type="checkbox"/>	
Dusting Furniture	<input type="checkbox"/>	<input type="checkbox"/>	

## Terms and Conditions

1. Cancellation requires 48-hour notice.
2. Payment due upon completion of service.
3. Client to provide access to premises.

## Acknowledgment

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_