

House Cleaning Service Form

Client Information

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Contact Number: _____

Email Address: _____

Service Details

Service Type (Check all that apply):

Basic Cleaning

Deep Cleaning

Move-In/Move-Out Cleaning

Post-Construction Cleaning

Preferred Date: _____

Preferred Time: _____

Areas to Clean

Area	Clean	Deep Clean	Not Required	Notes
Living Room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bathroom(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bedroom(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Special Instructions:

Payment Information

Total Estimated Cost: \$ _____

Payment Method: Cash Card Online

Approval

Client Signature: _____ **Date:** _____