Residential Cleaning Proposal Form

Client Information			
Full Name:			_
Address:			_
Phone Number:			_
Email Address:			_
Service Details			
Cleaning Task	Room(s) to	Frequency	Price
_	Clean	(One-Time/Recurring)	Estimate
Dusting			
Mopping			
Kitchen Cleaning			
Bathroom Cleaning			
Vacuuming			
Special Requests			
(Specify)			
Special Instructions:	1		-1
Estimated Total Cost: __			
Acknowledgment			
☐ I understand and ad	ree to the service	es and costs outlined above	

Client Signature:	_ Date: