

AIRBNB / VACATION RENTAL TURNOVER SERVICE FORM

Host Information

Host Name: _____

Phone Number: _____

Email Address: _____

Property Address: _____

Preferred Contact Method:

Phone Text Email

Property Information

Property Type:

Apartment

Condominium

Townhome

House

Other: _____

Number of Bedrooms: _____

Number of Bathrooms: _____

Approximate Square Footage: _____

Maximum Guest Occupancy: _____

Number of Beds to Reset: _____

Parking Instructions:

Turnover Details

Guest Checkout Date: _____

Guest Checkout Time: _____

Next Guest Check-In Date: ____

Next Guest Check-In Time: ____

Cleaning Deadline: ____

One-Time Turnover

Recurring Turnover Service

Expected Number of Future Turnovers Per Month: _____

Access Information

Smart Lock

Lockbox

Key Pickup

Concierge Access

Host Present

Other: _____

Access Instructions:

Cleaning Services Requested

- General Cleaning
 - Kitchen Reset
 - Bathroom Reset
 - Dusting
 - Vacuuming
 - Mopping
 - Trash Removal
 - Patio/Balcony Cleaning
 - Refrigerator Check
 - Appliance Wipe Down
 - Interior Window Cleaning
 - Deep Cleaning
 - Other: _____
-

Linen & Laundry Service

- Wash Sheets
- Wash Towels
- Make Beds
- Replace Linens
- Laundry On-Site
- Off-Site Laundry

Number of Sheet Sets: _____

Number of Towel Sets: _____

Location of Extra Linens:

Restocking Services

- Toilet Paper
- Paper Towels
- Hand Soap
- Dish Soap
- Trash Bags
- Shampoo
- Conditioner
- Body Wash
- Coffee Supplies
- Water Bottles
- Other: _____

Who Provides Supplies?

- Host
 - Coastal Cleaning Team
-

Property Inspection

- Check for Guest Damage
- Check for Missing Items
- Report Maintenance Issues

- Check Appliances
 - Check Doors and Windows
 - Check Lights
 - Check Smoke/CO Detectors
 - Photo Inspection Report Requested
-

Special Instructions

Payment Information

Cleaning Fee Approved: \$_____

Payment Method:

- Zelle
 - Check
 - Cash
 - Credit Card
 - Invoice
 - Other: _____
-

Additional Notes

Host Signature: _____

Date: _____