

COASTAL CLEANING TEAM

Residential Cleaning Service Request Form

Client Information

Name: _____

Phone Number: _____

Email Address: _____

Property Address: _____

Preferred Contact Method:

Phone Text Email

Property Information

Property Type:

Single Family Home

Condominium

Townhome

Apartment

Number of Bedrooms: _____

Number of Bathrooms: _____

Approximate Square Footage: _____

Number of Occupants: _____

Pets:

Yes No

If yes, type of pet(s): ____

Cleaning Service Requested

Standard Cleaning

Deep Cleaning

Move-In Cleaning

Move-Out Cleaning

Recurring Cleaning

Frequency:

Weekly

Bi-Weekly

Monthly

One-Time

Areas to Be Cleaned

Kitchen

Bathrooms

Bedrooms

Living Room

Dining Room

Family Room

Office

Laundry Room

Stairways

Hallways

Garage

Patio / Balcony

Additional Services

Interior Refrigerator Cleaning

Interior Oven Cleaning

Interior Microwave Cleaning

Window Tracks

Baseboards

Blinds

Shutters

Laundry Service

Bed Linen Change

Pet Hair Removal

Inside Cabinets

Inside Closets

Garage Sweeping

Patio/Balcony Cleaning

Other: _____

Areas of Special Attention

Please list any areas that require extra attention:

Access Information

Homeowner Will Be Present

Key Provided

Lockbox

Door Code

Other: _____

Entry Instructions:

Scheduling Information

Preferred Service Date: ____

Preferred Time:

Morning

Afternoon

Evening

Flexible Schedule:

Yes No

Payment Information

Preferred Payment Method:

Zelle

Check

Cash

Credit Card

Invoice

How Did You Hear About Us?

Google

Yelp

Facebook

Instagram

Referral

Postcard

Other: _____

Additional Notes

Client Signature: ____

Date: _____