

## House Cleaning Service Agreement!

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Type of home:

\_\_\_\_\_ Single #of bedrooms \_\_\_\_\_

\_\_\_\_\_ town house # of bathrooms \_\_\_\_\_

\_\_\_\_\_ apartment Square footage \_\_\_\_\_

Other \_\_\_\_\_

Rooms to be cleaned

\_\_\_\_\_ Kitchen \_\_\_\_\_ Family room \_\_\_\_\_ Living room \_\_\_\_\_ Dining room

\_\_\_\_\_ Stairways \_\_\_\_\_ Basement \_\_\_\_\_ Utility room \_\_\_\_\_ Office/Den

\_\_\_\_\_ Rec room \_\_\_\_\_ Hallway \_\_\_\_\_ Other

Type of cleaning

\_\_\_\_\_ Standard \_\_\_\_\_ Deep clean \_\_\_\_\_ Party/Special occasions

\_\_\_\_\_ Window cleaning \_\_\_\_\_ Other

How Often

\_\_\_\_\_ Once \_\_\_\_\_ Weekly \_\_\_\_\_ Bi-weekly \_\_\_\_\_ Monthly \_\_\_\_\_ Other

Preferred Days

\_\_\_\_\_ Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday

\_\_\_\_\_ No preference

Preferred Time

\_\_\_\_\_ 8-11 \_\_\_\_\_ 11-4 \_\_\_\_\_ 4-7

Will you be providing cleaning supplies

\_\_\_\_\_ Yes \_\_\_\_\_ No

Additional Services

\_\_\_\_\_ Oven Cleaning \_\_\_\_\_ Refrigerator \_\_\_\_\_ Wall Washing \_\_\_\_\_ Mini Blinds  
\_\_\_\_\_ Light Fixtures

- This agreement will remain valid for future service, with the exception of any agreed on changes in services, fees, visits and times.

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