

## CLEANING SERVICE BOOKING FORM

Service Start Date:

| Service Details                                 |  |
|---|--|
| How often do you need cleaning services?        |  |
| What time of day do you want cleaning services? |  |
| What cleaning services do you need?             |  |
| Type of property to be cleaned?                 |  |
| Approximate size of property (Sq feet)          |  |
| Number of bathrooms                             |  |

| Property Location |          |
|-------------------|----------|
| Street Address    | City     |
| State             | Zip Code |

| Contact Information |           |
|---------------------|-----------|
| First Name          | Last Name |
| Email Address       |           |
| Phone Number        |           |