

# Client Control Form

Zone: \_\_\_\_\_ Client File Number: \_\_\_\_\_

First Name (Mrs., Ms) \_\_\_\_\_ (Mr) \_\_\_\_\_

Client Surname: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

City: \_\_\_\_\_ ZIP \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### Regular Cleaning Day

Monday  Tuesday  Wednesday  Thursday  Friday

Preferred Time  AM  PM

Frequency:  Weekly  Biweekly  Monthly  Other \_\_\_\_\_

Cleaning Price: \$ \_\_\_\_\_ Assigned Team: \_\_\_\_\_

House  Townhome  Apartment Bldg  Condominium

Gated Community  Security Guard  Home Security System

Number of Dogs \_\_\_\_\_ Number of Cats \_\_\_\_\_ Other Pets \_\_\_\_\_

Pet 1 Name: \_\_\_\_\_ Pet 3 Name: \_\_\_\_\_

Pet 2 Name: \_\_\_\_\_ Pet 4 Name: \_\_\_\_\_

Number of Adults Living Here \_\_\_\_\_ Number of Children Living Here \_\_\_\_\_

Square Feet \_\_\_\_\_ # Rooms \_\_\_\_\_ # Floors \_\_\_\_\_ # Bedrooms \_\_\_\_\_ # Bathrooms \_\_\_\_\_

### Special Notes and Other Information
