



DEEP CLEANING/ONE TIME CLEANING/MOVE IN/OUT FORM

Date:

Name:

Address:

Phone Number:

email address:

Please specify access to the home:

Number of hours requested/estimated (\$35/hour/person after first 3 hours):

Number of persons requested (PLEASE NOTE: for 3 hours per person are flat fee of \$110):

PLEASE CHECK THE BOXES THAT APPLY TO YOUR HOME CLEANING REQUEST.

Tasks	Yes	No
I would like my refrigerator and freezer cleaned out (please remove all spoiled foods if applicable or leave the refrigerator and freezer empty)		
I would like my oven cleaned out (please specify if an oven cleaner can be used)		
I would like all the cabinets and drawers inside and out washed		
I would like baseboards, doors, moldings, and woodwork hand washed		
I would like carpets vacuumed, floors well vacuumed and washed		
I would like light furniture to be moved and cleaned under		
I would like oriental rugs rolled		

up for the purpose of floor cleaning		
I have furniture in the house and would like furniture dusting of the outside surfaces (please specify if any of the furniture needs to be cleaned inside as well)		
I would like under bed and furniture cleaning		
I would like all couches vacuumed inside and out		
I would like windows washed inside -windows washed outside if double hang and can open to the inside		
I would like my window screens will be removed and washed		
I would like my blinds hand washed (only aluminum, plastic, or wooden blinds-no material blind washing		
I would like my bathroom scrubbed/washed to the best of its ability		
I would like cobwebs removed		
I would like my fans washed		
I would like my light fixtures washed -my light fixtures require ladder (please circle one-YES or NO)		
I would like inside the closets cleaned out (shelves and floors)		
I would like basement cleaned As part of the cleaning (please specify what tasks would you like in completed in the basement: _____ _____ _____		
I would like my garage swept and washed		
I would like my carpets washed		

Please specify the square footage of the carpets, how many rooms total : _____ How many stairs: _____ How many hallways: _____ Carpet color: _____		
I also would like these items included:		

I understand that any changes to this form need to be texted to the main office cell phone at 773.704.4564 or emailed to info@emiliascleaning.com and be confirmed by Emilia's Cleaning, Inc. representative by a reply back, in order for the changes to take its effect. **Initials** _____

I understand that I have 24 hours within which I should contact the service provider with any complaints in order for the service provider to address them. Any complaints after the 24 hrs period will not be addressed within the price range the job was completed in. I may be charged additional fee. **Initials** _____

I understand that the number of hours quoted can be less or can exceed the quoted amount in order to complete work, however, I will be notified via email or text message if I would like to continue to finish the work, or stop at the quoted amount of hours. The extension needs to be granted via written request. If I will not respond to the email or text message within a reasonable time frame, the workers will stop services at the quoted hours. I understand that I can always call the main office to schedule an additional day to finish the work at an additional cost. **PLEASE INITIAL :** _____

I understand that I need to pay via cash or check at the time of the service, and the credit card information I am providing is a backup payment method.

Providing your credit card information is **REQUIRED** in order to book any one time appointment. Your credit card will be charged only if you do not cancel the one time booking at least 24 hrs before the scheduled appointment.

Which credit card will you be using? Visa Master Card
 Credit Card Number: _____ - _____ - _____ - _____ Exp. Date: ____/____
 CVC code: ____ Name on the card: _____ Zip Code: _____

I understand the conditions of this form, and agree to being charged for this appointment IN FULL if I do not contact the Emilia's Cleaning, Inc. at least 48 hours before the appointment.

Initial _____

I understand the terms and conditions of this form and agree to proceed with the services specified according to me on this form.

Emilia's Cleaning, Inc.

Client's Name _____

Signature: _____