

CLIENT INTAKE FORM

CLIENT INFORMATION

Name(s):

Service Address:

Home Phone:

Mobile Phone:

Work Phone:

Email:

ACCESS INFORMATION

Gate Code:

Door Code:

Garage Code:

Key Issue:

Alarm Code:

Guest WiFi Password:

Parking:

Other:

DOGS

Name(s):

Friendly

Not Friendly

Where are they kept:

Special Instructions:

CATS

Name(s):

Indoor

Outdoor

Where are they kept:

Special Instructions:

GARBAGE

Trash: Empty

Don't Empty

Recycling: Empty

Don't Empty

Trash Bag Location:

Outdoor Garbage & Recycling Locations:

FLOOR CLEANING

Choose one: Vinegar/Water Hardwood/Laminate Cleaner Other

Special Instructions:



CLIENT INTAKE FORM

HOUSEHOLD INFORMATION

Fragile Item(s):

Special Attention:

Don't Touch:

Damaged Items:

Other:

À LA CARTE SERVICES (FEES APPLY)

- | | | |
|---|---|--|
| <input type="checkbox"/> Organization Services | <input type="checkbox"/> Laundry Services | <input type="checkbox"/> Fridge/Freezer Cleaning |
| <input type="checkbox"/> Linen Services (Standard) | <input type="checkbox"/> Oven Cleaning | <input type="checkbox"/> Interior Windows |
| <input type="checkbox"/> Linen Services (Duvet/Euro Sham) | <input type="checkbox"/> Dishwashing | <input type="checkbox"/> Quarterly Deep Clean |
| <input type="checkbox"/> Window Tracks | <input type="checkbox"/> Wipe Down Woodwork | <input type="checkbox"/> Vacuum Crevices |

DATE & TIME PREFERENCES

Preferred Cleaning Day(s):

Preferred Cleaning Times:

OTHER NOTES

How did you hear about Upper Crust? Facebook/social media Google search Personal referral

Signature: _____ Date: _____

