

## Residential Walk Thru Estimate

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

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

**Type of Services Desired:**

- |                                   |  |                                       |
|-----------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Standard | <input type="checkbox"/> Party/Special Occasions | <input type="checkbox"/> Move In/Out  |
| <input type="checkbox"/> Deep     | <input type="checkbox"/> Window Cleaning         | <input type="checkbox"/> Other: _____ |

**How Often/ Start Date:**

- |                                     |  |                                       |
|-------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> One time   | <input type="checkbox"/> Weekly        | <input type="checkbox"/> Bi-Monthly   |
| <input type="checkbox"/> Monthly    | <input type="checkbox"/> Twice a month | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Seasonally | <input type="checkbox"/> Annually      |                                       |

**House Description:**

- |  |                       |
|--|-----------------------|
| <input type="checkbox"/> Single Family | # of Bedrooms: _____  |
| <input type="checkbox"/> Townhouse     | # of Bathrooms: _____ |
| <input type="checkbox"/> Apartment     | Square footage: _____ |
| <input type="checkbox"/> Other: _____  |                       |

**Rooms to be cleaned:**

- |                                      |                                       |                                      |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Kitchen     | <input type="checkbox"/> Attic        | <input type="checkbox"/> Office/Den  |
| <input type="checkbox"/> Family Room | <input type="checkbox"/> Basement     | <input type="checkbox"/> Rec. Room   |
| <input type="checkbox"/> Living Room | <input type="checkbox"/> Bedrooms     | <input type="checkbox"/> Stairway(s) |
| <input type="checkbox"/> Dining Room | <input type="checkbox"/> Utility Room | <input type="checkbox"/> Hallway     |
| <input type="checkbox"/> Bathroom(s) | <input type="checkbox"/> Other: _____ |                                      |

**Type of Flooring:**

- |                               |                                 |                                       |
|-------------------------------|---------------------------------|---------------------------------------|
| <input type="checkbox"/> Wood | <input type="checkbox"/> Carpet | <input type="checkbox"/> Linoleum     |
| <input type="checkbox"/> Tile | <input type="checkbox"/> Marble | <input type="checkbox"/> Other: _____ |

**Type of Countertops:**

- |                                   |  |  |
|-----------------------------------|--|--|
| <input type="checkbox"/> Granite  | <input type="checkbox"/> Stone           | <input type="checkbox"/> Formica       |
| <input type="checkbox"/> Quartz   | <input type="checkbox"/> Tile            | <input type="checkbox"/> Butcher Block |
| <input type="checkbox"/> Laminate | <input type="checkbox"/> Stainless Steel | <input type="checkbox"/> Other: _____  |

**Additional Services:**

- |  |                                       |   |
|--|---------------------------------------|---|
| <input type="checkbox"/> Oven cleaning | <input type="checkbox"/> Mini Blinds  | <input type="checkbox"/> Light Fixtures |
| <input type="checkbox"/> Refrigerator  | <input type="checkbox"/> Floor Waxing | <input type="checkbox"/> Wall washing   |
| <input type="checkbox"/> Other: _____  |                                       |   |