Residential Walk Thru Estimate

Name: _____ Home Phone: _____

Address: _____ Email: _____

Type of Services Desired:

- ☐ Standard
- ☐ Deep
- ☐ Party/Special Occasions
- ☐ Window Cleaning
- ☐ Move In/Out
- ☐ Other:_____

How Often/ Start Date:

- ☐ One time
- ☐ Monthly
- ☐ Seasonally
- ☐ Weekly
- ☐ Twice a month
- ☐ Annually
- ☐ Bi-Monthly
- ☐ Other: _____

House Description:

- ☐ Single Family
- ☐ Townhouse
- ☐ Apartment
- ☐ Other:_____

# of Bedrooms: _____

# of Bathrooms: _____

Square footage: _____

Rooms to be cleaned:

- ☐ Kitchen
- ☐ Family Room
- ☐ Living Room
- ☐ Dining Room
- ☐ Bathroom(s)
- ☐ Attic
- ☐ Basement
- ☐ Bedrooms
- ☐ Utility Room
- ☐ Other:_____
- ☐ Office/Den
- ☐ Rec. Room
- ☐ Stairway(s)
- ☐ Hallway

Type of Flooring:

- ☐ Wood
- ☐ Tile
- ☐ Carpet
- ☐ Marble
- ☐ Linoleum
- ☐ Other: _____

Type of Countertops:

- ☐ Granite
- ☐ Quartz
- ☐ Laminate
- ☐ Stone
- ☐ Tile
- ☐ Stainless Steel
- ☐ Formica
- ☐ Butcher Block
- ☐ Other: _____

Additional Services:

- ☐ Oven cleaning
- ☐ Refrigerator
- ☐ Mini Blinds
- ☐ Floor Waxing
- ☐ Light Fixtures
- ☐ Wall washing
- ☐ Other: _____