

Krystal Kleaning, LLC

Angie Harty
21 Farries Ave
Florida, NY 10921
(845) 651-9506

CUSTOMER INQUIRY

Customer Name: _____

Address for Cleaning: _____

City: _____ **State:** _____ **Zip Code:** _____

Contact Information:

Daytime Phone: _____ **Evening Phone:** _____

Cell Phone: _____

Email Address: _____

In Case of Emergency Phone: _____

1. Type of home:

 Apartment Condominium House Townhouse Retirement

2. Number of people in home: _____

3. Do you have any indoor pets:

 1. How many? _____

 2. What are their names? _____

 Can they come in and out? _____

4. How many rooms would you like cleaned? _____

 1. How many bedrooms? _____

2. How many bathrooms? _____
3. Any rooms not to be cleaned? If so, which ones? _____
5. How often would you like our services provided?
Weekly Bi-Weekly Other: _____
6. Preferred Cleaning Days:
Monday Tuesday Wednesday Thursday Friday
7. Will anyone be home at this time? If so who? _____
8. When would you like us to start? _____
9. How do we enter your home? _____
Will key be left for us or given to us? _____
If key is left for us where will it be? _____
Any security we should be aware of? _____
10. Any product allergies and/or dislikes? _____
11. Any marble flooring or countertops in the home? Where?
12. Special Instructions: _____
