



ALL Over Clean

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: _____ |



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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: _____ | | |

Exclusions: _____

Products Requested: _____

Areas of special attention: _____

Special Notes: _____

Fees:

- Weekly Bi-Weekly Monthly One Time

Estimated amount of hours for initial clean: _____

Estimated amount of hours for other clean: _____

Cleaning Rate: \$ _____