

Customer Name: _____ Date: _____

Address: _____

Phone: _____

Personal Cleaning List

# Priority	Item	Always	1 st Time/Once
ALL ROOMS			
_____	Dust Sills, Ledges & Wall Hangings	<input type="checkbox"/>	<input type="checkbox"/>
_____	Pick Up & Straighten	<input type="checkbox"/>	<input type="checkbox"/>
_____	Make Beds , Change Linens (if left on bed)	<input type="checkbox"/>	<input type="checkbox"/>
_____	Dust & Clean Furniture	<input type="checkbox"/>	<input type="checkbox"/>
_____	Sweep and Mop all house floors	<input type="checkbox"/>	<input type="checkbox"/>
_____	Vacuum Carpet	<input type="checkbox"/>	<input type="checkbox"/>
_____	Empty Wastebaskets	<input type="checkbox"/>	<input type="checkbox"/>
_____	Clean Outside Entry of Home	<input type="checkbox"/>	<input type="checkbox"/>
_____	Dust & Clean Ceiling Fans	<input type="checkbox"/>	<input type="checkbox"/>
_____	Dust Baseboards	<input type="checkbox"/>	<input type="checkbox"/>
_____	Dust Or Wipe All Mini-blinds	<input type="checkbox"/>	<input type="checkbox"/>
_____	Vacuum Furniture	<input type="checkbox"/>	<input type="checkbox"/>
_____	Window Cleaning (Inside only)	<input type="checkbox"/>	<input type="checkbox"/>
_____	Dust Air Vents	<input type="checkbox"/>	<input type="checkbox"/>
_____	Spot Clean Walls	<input type="checkbox"/>	<input type="checkbox"/>
_____	Polish Furniture	<input type="checkbox"/>	<input type="checkbox"/>
_____	Remove Cobwebs	<input type="checkbox"/>	<input type="checkbox"/>
_____	Clean Book Shelves	<input type="checkbox"/>	<input type="checkbox"/>
_____	Roll Up Area Rugs to Clean Beneath	<input type="checkbox"/>	<input type="checkbox"/>
_____	Move Small Furniture to clean (Under 25 lbs.)	<input type="checkbox"/>	<input type="checkbox"/>
BATHROOMS			
_____	Clean & Disinfect Toilets, Tubs & Showers	<input type="checkbox"/>	<input type="checkbox"/>
_____	Clean Sinks & Countertops	<input type="checkbox"/>	<input type="checkbox"/>
_____	Clean Mirrors & Polish Chrome	<input type="checkbox"/>	<input type="checkbox"/>
_____	Change towels (if left out)	<input type="checkbox"/>	<input type="checkbox"/>
_____	Clean all cabinets (In/Out/Both)	<input type="checkbox"/>	<input type="checkbox"/>
KITCHEN			
_____	Clean & Sanitize Sinks	<input type="checkbox"/>	<input type="checkbox"/>
_____	Wipe down Countertops & surfaces	<input type="checkbox"/>	<input type="checkbox"/>
_____	Clean appliances exteriors	<input type="checkbox"/>	<input type="checkbox"/>
_____	Load the dishwasher (must be empty)	<input type="checkbox"/>	<input type="checkbox"/>
_____	Clean Inside Microwave	<input type="checkbox"/>	<input type="checkbox"/>
_____	Deep Clean Oven & Stove (In/Out/Both)	<input type="checkbox"/>	<input type="checkbox"/>
_____	Deep Clean Refrigerator (In/Out/Both)	<input type="checkbox"/>	<input type="checkbox"/>
_____	Clean All Cabinets & Pantry (In/Out/Both)	<input type="checkbox"/>	<input type="checkbox"/>
_____	Clean Exhaust Fan & Hood	<input type="checkbox"/>	<input type="checkbox"/>
OTHER			
_____	Sweep Garage	<input type="checkbox"/>	<input type="checkbox"/>
_____	Clean Patio	<input type="checkbox"/>	<input type="checkbox"/>
_____	Clean Balcony	<input type="checkbox"/>	<input type="checkbox"/>

1. Place ROOM Priority in alphabetical order. 2. Place ITEM Priority in numerical order.
3. Any additional information must be called into office.