

C'S HOME AND OFFICE MANAGEMENT ESTIMATE

Please complete form and email to cynthia@cshomemanagement.com or fax to 631.899.3823

Name: _____

City of Residence: _____

Major Cross Streets: _____

Zip Code: _____

Home Phone: _____

Cell Phone: _____

Email Address: _____

How often do you need the property cleaned? • Weekly • Bi-weekly • Monthly • One Time

When do you need the property cleaned? • As Soon As Possible • Specific Date: _____

Preferred Day of The Week: • Mon • Tues • Wed • Thurs • Fri • Sat

Preferred Time of Day: • Flexible • Morning • Afternoon

Number of rooms to be cleaned: _____

Number of bedrooms: _____

Number of bathrooms: _____

Living room: • Yes • No

Family room: • Yes • No

Dining room: • Yes • No

Den/Office: • Yes • No

Sun room: • Yes • No

Basement: • Yes • No

Square Footage: _____

Do you own pets? • Yes • No

If so, how many and which kind: _____



Additional services that carry an additional cost:

- Refrigerator – cleaning inside
- Cabinets – cleaning inside
- Organizing/De-junking/Clutter Control
- Patio

Age of property: _____

Type of flooring: _____

Furnishing level:

- Vacant/Unfurnished • Sparsely Furnished • Moderately Furnished • Heavily Furnished

Knick-Knack Level:

- Vacant/Unfurnished • Low • Moderate • High

Current cleaning level:

- Use a cleaning service • Do it yourself faithfully
- Do it yourself when time permits • Hardly ever get around to it

Window Specification:

- Shutter Blinds • Standard Blinds (approx. 3" slats) • Mini Blinds (2" or less slats)
- Vertical Blinds • Curtains/Drapes • Pull Down Shades Other - please specify _____

Other: _____

Anything unique or unusual about your home that we should know about? _____

How did you hear about us? _____

Referral: _____

Preferred Contact: • Email • Phone