

# FREE Estimate Form

Please fill out this form and send it to us by mail, fax or E-mail.

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (DD/MM/YYYY)

## Contact Information

Name \_\_\_\_\_

Phone \_\_\_\_\_

Cell phone \_\_\_\_\_

E-mail \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ State \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

## Service Information

Approx. area (in sq. ft) \_\_\_\_\_

Number bedrooms \_\_\_\_\_

Number full bathrooms \_\_\_\_\_

**Number of half bathrooms** \_\_\_\_\_

**Type of rooms** Kitchen \_\_\_\_\_ Family Room \_\_\_\_\_

Dining Room \_\_\_\_\_ Foyer \_\_\_\_\_

Office \_\_\_\_\_ Living Room \_\_\_\_\_

Laundry Room \_\_\_\_\_ Other \_\_\_\_\_

**Number of people in your house** \_\_\_\_\_

**Number of pets** \_\_\_\_\_

**Service Frequency** Weekly \_\_\_\_\_

Bi-Weekly \_\_\_\_\_

Monthly \_\_\_\_\_

Other \_\_\_\_\_

**Comments** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_