



**Business Name**  
 Contact: Your Name Here  
 Office: 000-000-0000  
 Email: your email address here

## Residential Cleaning Checklist

Customer Name:	Date:
Cleaned By:	Invoice Number:

AREAS		AREAS	
<b>BEDROOMS AND OTHER LIVING AREAS</b>		<b>KITCHEN</b>	
<input type="checkbox"/> Beds Made / Linens Changed (if left out)	<input type="checkbox"/> Mirrors Cleaned	<input type="checkbox"/> Appliances Wiped Down	<input type="checkbox"/> Cabinets Cleaned (Fronts Only)
<input type="checkbox"/> Vacuum / Sweep / Mop	<input type="checkbox"/> Window Sills Dusted	<input type="checkbox"/> Stove Top Cleaned	<input type="checkbox"/> Fridge Cleaned (Outside Only)
<input type="checkbox"/> Baseboards / Sills Wiped	<input type="checkbox"/> Floors Swept & Mopped	<input type="checkbox"/> Baseboards & Sills Wiped	<input type="checkbox"/> Microwave Cleaned (Inside & Out)
<input type="checkbox"/> Shelves/Knick Knacks/Frames Cleaned	<input type="checkbox"/> Trash Emptied	<input type="checkbox"/> Trash Emptied	<input type="checkbox"/> Countertops / Backsplash
<input type="checkbox"/> Lamps / Wall Hangings Cleaned	<input type="checkbox"/> Drawer Fronts Cleaned	<input type="checkbox"/> Tables & Chairs Wiped	<input type="checkbox"/> Overall Appearance of Room Left Neat
<input type="checkbox"/> Furniture Wiped Down	<input type="checkbox"/> Cobwebs Removed	<input type="checkbox"/> Floors Swept & Mopped	<input type="checkbox"/> Other
<input type="checkbox"/> Overall Appearance of Room Left Neat	<input type="checkbox"/> Other	<b>LAUNDRY ROOM</b>	
<b>Bathrooms</b>		<input type="checkbox"/> Washer & Dryer Cleaned (Outside Only)	<input type="checkbox"/> Cobwebs Removed
<input type="checkbox"/> Toilets Cleaned	<input type="checkbox"/> Floors Swept & Mopped	<input type="checkbox"/> Floors Swept/Mopped/Vacuum	<input type="checkbox"/> Baseboards / Sills Wiped
<input type="checkbox"/> Shower / Tub Cleaned	<input type="checkbox"/> Baseboards / Sills Wiped	<input type="checkbox"/> Cabinet Fronts/ Counters Wiped	<input type="checkbox"/> Other:
<input type="checkbox"/> Vanity / Mirror Cleaned	<input type="checkbox"/> Tile / Chrome Polished	<b>Additional Services (At Additional Cost)</b>	
<input type="checkbox"/> Trash Emptied	<input type="checkbox"/> Sinks Cleaned	<input type="checkbox"/> Light Fixtures Cleaned	<input type="checkbox"/> Oven Cleaned (Inside)
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Mini Blinds Cleaned	<input type="checkbox"/> Excessive Soap Scum Build Up (Shower)
<b>Entry Way / Foyer / Basement / Attic</b>		<input type="checkbox"/> Windows Washed	<input type="checkbox"/> Excessive Build Up of Grease on Stove
<input type="checkbox"/> Furniture Dusted	<input type="checkbox"/> Floors & Stairs Swept/Mopped/Vacuumed	<input type="checkbox"/> Walls Washed	<input type="checkbox"/> Refrigerator Cleaned (Inside)
<input type="checkbox"/> Cobwebs Removed	<input type="checkbox"/> Stair Rail / Baseboards / Sills Wiped	<input type="checkbox"/> Floor Waxing	<input type="checkbox"/> Hand Wash Dishes
<input type="checkbox"/> Baseboards/Sills Wiped	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:
<b>Comments:</b>			
<p><b>*We do not move furniture to access any areas. Nor do we climb ladders to reach high places.</b></p> <p><b>*If you have any questions, comments, complaints or suggestions, please call us within 24 hours.</b></p> <p><b>Our guarantee covers 24 hours notice.</b></p>		<p>Please send payment in the amount of \$ _____</p> <p>Your next scheduled visit is _____</p> <p style="text-align: center;"><b>THANK YOU FOR YOUR BUSINESS!</b></p>	