HOUSEKEEPING REQUEST

Resident Name _____

Apartment _____

Telephone (Home) _____ (Work) _____

Apartment Type ( ) studio ( ) one bedroom

( ) one bedroom w/den ( ) two bedroom

Service Type ( ) weekly ( ) bi-monthly (every 2 weeks)

( ) monthly ( ) other _____

Do you have any pets? ( ) Yes, type _____ ( ) No

Additional Information or special instructions _____

_____

_____

_____

_____

For office use only

Start date _____ Amount per visit _____

Housekeeper _____

Resident is responsible for providing cleaning supplies.