



GLORY Cleaning Service
 47 Long Hill Street
 East Hartford, CT 06108-1436
 860 - 528-7205

Residential PRE-PROPOSAL WORK-UP

C. Pat Lanyon, Owner

Date: ___/___/___

Appointment Time: ___ a p

Owner Name: _____

Address to clean: _____

Town: _____ State: _____ Zip _____

Home Phone: ___/___/___ Cell: _____ Emerg. Name.: _____ Alt _____

Home cleaning Hours: ___ am ___ pm Circle: M T W TH F SA _____ Email _____

Frequency: weekly biweekly semi-weekly daily, m-f monthly _____

SPECIFICATIONS: This lists "typical" specification for a residential cleaning visit you can modify*.
PROFESSIONAL Level 2 **Attn: PLEASE place an "X" on every service you wish to EXCLUDE in this proposal.**
You may also INCLUDE specifications not present after each statement for our drafting of the final proposal. Thanks!*

- I. Per Visit Frequency above. Regularly scheduled.
- A. Remove all TRASH and RECYCLING in receptacles to be dumped in assigned container. Reline with liners provided by customer.
 - Clean adjacent walls, container lids, cabinets, or any close-by soiled spots by containers.
-
- B. DUST all home decorations & furniture, desks, and shelves. Dust the window blinds, and do high elevation/ ceiling & corners dusting. [Owner will be expected to note any surfaces needing special attention for the cleaner.]
-
- C. VACUUM all carpet & floors thoroughly each visit; use crevice tool when needed, with attention to detail. Also damp mop all Vinyl/ Ceramic tile/ hard floors with neutral floor detergent.
-
- D. SPOT WASH all home decorations & furniture, desks, and shelves. Spot clean any mirrors, doors, switches, and with glass cleaner, all windows, front door(s) glass, and counters.
-
- E. Clean each BATHROOM, including all fixtures with deodorizer/ disinfectant/ detergents appropriate for each.
- Clean walls, and also mirrors as needed also. Wet mop floors following vacuuming/ sweeping. Check for any dispensers and refill with customer-supplied products (toilet tissue, towels, and soap).
-
- F. Clean KITCHEN meal table, chairs, walls, floors, and appliances, including microwave, and exteriors of: Refrigerator, Dish Washer, Stove. ___ Add interior of all appliances.

II. Alternate Visit Specifications. (if applicable). _____ specifications, or add below extra cleaning responsibilities not included elsewhere for the regular visit cleaning.

- III. UPON CLIENT REQUEST. [These will be quoted and scheduled only as indicated. Additional per/visit charges apply.]
- A. Carpets will be cleaned by power water extraction, suggested each 6 to 12 months.
 - B. Tile floors will be stripped and refinished or "top-coated" when needed.
 - C. Wash exterior WINDOWS inside and out, including screens, sills, and casings, suggested each 6 months.
 - D. Do Projects Cleaning on Pre-quoted costs.
- *Use back of this form and mark: "OVER" for us if more space for detail is required.

If you can pre-set a home security code and specifications, please use the space below for inclusion on our proposal.

Security Co. Name: _____ Codes/Instructions: _____
 Keys: # _____ Emergency Phone # _____ Contact: _____

Date Proposal Expected: ___/___/___ Commencement Date: ___/___/___