



Cleaning Report/Bill

Date: _____

Address: _____

	Cleaned	Already Clean	
Bathroom			
• Tub , fixtures, and shower enclosure cleaned and gel glossed	<input type="checkbox"/>	<input type="checkbox"/>	
• Toilet cleaned inside, and all around outside and on floor and walls	<input type="checkbox"/>	<input type="checkbox"/>	
• All drawers and cabinets cleaned inside and out	<input type="checkbox"/>	<input type="checkbox"/>	
• Light fixtures, fan cover removed and cleaned	<input type="checkbox"/>	<input type="checkbox"/>	
• Mirror and vanity cleaned polished	<input type="checkbox"/>	<input type="checkbox"/>	
• Switch plates, plugins and heaters dusted and polished	<input type="checkbox"/>	<input type="checkbox"/>	Time
• Floor swept, scrubbed and polished	<input type="checkbox"/>	<input type="checkbox"/>	
• All trim boards and window trim scrubbed clean	<input type="checkbox"/>	<input type="checkbox"/>	
• Spot wash walls	<input type="checkbox"/>	<input type="checkbox"/>	_____

Comment: _____

Kitchen			
• All drawers and cabinets cleaned inside and out	<input type="checkbox"/>	<input type="checkbox"/>	
• Scrub countertops and backsplash and polish as needed	<input type="checkbox"/>	<input type="checkbox"/>	
• Stove			
○ Burner bowls need to be cleaned or replaced	<input type="checkbox"/>	<input type="checkbox"/>	
○ Clean stove top including handles and door front	<input type="checkbox"/>	<input type="checkbox"/>	
○ All goo and burn on needs to be cleaned from inside stove	<input type="checkbox"/>	<input type="checkbox"/>	
○ Clean under stove	<input type="checkbox"/>	<input type="checkbox"/>	
○ All oven cleaner wiped off	<input type="checkbox"/>	<input type="checkbox"/>	
• Clean refrigerator inside and out.	<input type="checkbox"/>	<input type="checkbox"/>	
• Remove fridge sweep and scrub floor under fridge until clean	<input type="checkbox"/>	<input type="checkbox"/>	
• Light fixtures remove and polish	<input type="checkbox"/>	<input type="checkbox"/>	
• Switch plates, plugins and heaters dusted and polished	<input type="checkbox"/>	<input type="checkbox"/>	
• Floor swept, cleaned and polished	<input type="checkbox"/>	<input type="checkbox"/>	
• All trim boards and window trim scrubbed clean	<input type="checkbox"/>	<input type="checkbox"/>	
• Clean walls	<input type="checkbox"/>	<input type="checkbox"/>	_____

Comments: _____

Living Room, Family Room, Bedrooms, and utility room			
• Wash all trim, shelves and all 4 walls in closets	<input type="checkbox"/>	<input type="checkbox"/>	
• Light fixtures (remove) polished	<input type="checkbox"/>	<input type="checkbox"/>	
• Switch plates, plugins and heaters dusted and polished	<input type="checkbox"/>	<input type="checkbox"/>	
• All trim boards and window trim scrubbed clean	<input type="checkbox"/>	<input type="checkbox"/>	
• Clean walls	<input type="checkbox"/>	<input type="checkbox"/>	
• Vacuum all carpet including all corners with hose end.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Comments: _____			

Windows throughout whole home/apartment			
• Windows removed if possible. If not, open window to clean	<input type="checkbox"/>	<input type="checkbox"/>	
• Window frame slide vacuumed and scrubbed clean	<input type="checkbox"/>	<input type="checkbox"/>	
• All glass scrubbed and polished	<input type="checkbox"/>	<input type="checkbox"/>	
• Clean Blinds .	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Comments: _____			

Please notify us of anything broken, leaking or otherwise nonfunctional including:

- Caulking Replacement.
- Leaks under sinks, on sink fixtures or anywhere else.
- Notify if we need to replace burner pans on stove top.
- Blind replacement.

Please check all that apply:

Please note locations below.

Please include what, where and any other applicable specifics.

With this digital signature I certify that everything in this report is complete and accurate.

Total Time