

Residential Window Cleaning Agreement

Date:	File Number:
Phone:	Email:

Name:

Complete Address:

Type of windows:

- | | | |
|--|---|---|
| <input type="checkbox"/> Double hung sliding up & down | <input type="checkbox"/> Casement windows using a crank | <input type="checkbox"/> Storm doors |
| <input type="checkbox"/> Double hung sliding left to right | <input type="checkbox"/> Fixed windows (do not open) | <input type="checkbox"/> French doors |
| <input type="checkbox"/> Tilt in | <input type="checkbox"/> Bay window | <input type="checkbox"/> 2 story room windows |
| <input type="checkbox"/> Single pane | <input type="checkbox"/> Skylights | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Picture window | <input type="checkbox"/> Sliding doors | |

Storm windows:

- None
- Sliding up and down
- Sliding left to right
- Fixed or screwed on frame
- Clip on
- Sunscreens

Grillers:

- Yes
- No

Removable:

- Yes
- No

How often do you require cleaning:

- One time
- Bi-monthly
- Monthly
- Seasonally
- Other

Cleaning area:

- Outside only
- Inside
- Inside and outside

Additional services:

- | | | |
|---|--|---|
| <input type="checkbox"/> Screen washing | <input type="checkbox"/> High reach light fixtures | <input type="checkbox"/> Chandelier |
| <input type="checkbox"/> Sills Vaccumed and / or washed | <input type="checkbox"/> Ceiling fans | <input type="checkbox"/> Light fixtures |
| <input type="checkbox"/> Track washed | <input type="checkbox"/> Mirrors | <input type="checkbox"/> Others: |

Preferred days: Mon Tue Wed Thu Fri Sat Sun

Preferred time: 8-11 11-4 4-7

Rate: \$ _____ per cleaning.

Payment will be due upon receipt. Any changes to rate will be presented before scheduled cleaning.

Pre-existing damage of windows/area noted: