



Client _____

Address _____

House Size Large Medium Small Apartment Office

No of Beds _____

No of Adults _____ No of Children _____ Childrens Ages _____

No of Staff _____

Full time Staff _____ Hours _____

Part time Staff _____ Hours _____

Au Pair Yes No

Driver Yes No

What is the general school end day for your children

Child 1 _____

Child 2 _____

Child 3 _____

Does the mother travel often? Yes No

Does the father travel often? Yes No

Does the mother work from home? Yes No

Does the father work from home? Yes No

How often do you go away as a family?

Once a year Twice a year Three times a year More than three times

Who does the primary cooking in your household? _____

What time does your day start? _____

What time does your day end? _____

On which day is the refuse collected? _____

Do you recycle? Yes No

On which day is the recycling collected? _____

Is there a specific charity that you would like any discarded items to go to? Please specify.

Objective:

Would you be interested in a maintenance plan? Yes No