

Orchids Cleaning Services LLC.

Client: _____

Address: _____ **Often:** _____

_____ **Pay:** _____

Key/pin: _____ **Day/Time:** _____

Rooms: _____

Bathrooms: _____

Pets: _____

Floor: _____

Dishwashers: _____

Bed/Sheets: _____

Supplies: _____

Notes: _____
