

MILLIS
CLEANING SERVICE
434-6102

DATE:

NAME:

(CHECK OFF LIST)

THE FOLLOWING ITEMS BELOW HAVE BEEN DONE.

___ BEDROOM#1(COMMENTS)_____

___ BEDROOM#2(COMMENTS)_____

___ BEDROOM#3(COMMENTS)_____

___ BEDROOM#4(COMMENTS)_____

___ BATHROOMS (COMMENTS)_____

___ BASEMENT (COMMENTS)_____

___ FOYER (COMMENTS)_____

___ DINNING ROOM (COMMENTS)_____

___ DEN (COMMENTS)_____

___ KITCHEN (COMMENTS)_____

___ LIVING ROOM (COMMENTS)_____

___ LAUNDRY ROOM (COMMENTS)_____

___ OFFICE (S) (COMMENTS)_____

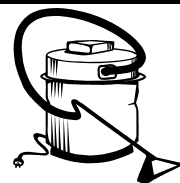
___ SUN ROOM (COMMENTS)_____

___ ALL TRASH EMPTY (COMMENTS)_____

___ CLEANING SUPPLIES NEEDED (ONLY IF CUSTOMER PROVIDES)



THANK YOU



PLEASE LOOK ON BACK OF SHEET FOR NOTES ON THE HOME