

# RESIDENTIAL CLEANING ESTIMATE

Company Name  
Street Address  
City, State, Zip  
Phone | Email

**Estimate #:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Valid Until:** \_\_\_\_\_

---

**CLIENT:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**SERVICE TYPE:**

Deep Clean  Standard Recurring

Move In/Out  Post-Construction

Service Description / Room	Details / Frequency	Rate	Total
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

Service Description / Room	Details / Frequency	Rate	Total
_____	_____	\$ _____	\$ _____

Subtotal: \$ \_\_\_\_\_

Tax: \$ \_\_\_\_\_

---

**ESTIMATED TOTAL: \$ \_\_\_\_\_**

**Terms & Notes:**

1. This is an estimate based on the information provided and a walkthrough. Final pricing may vary based on actual conditions.
2. Cancellations require 24-hour notice.
3. Payment is due upon completion of services.

**Customer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_