Clarito

Free Client Information Kit

✓ Free download ✓ No sign-up required

Client Information Form

Complete before the first clean so everything you need is in one place.

Client details

Client name: _____

Property address: _____

_____

Billing address (if different): _____

Phone number: _____

Email: _____

Preferred contact method:

☐ Phone ☐ Text ☐ WhatsApp ☐ Email

Emergency contact name: _____

Emergency contact phone: _____

Type of clean:

☐ Regular Domestic

☐ Deep Clean ☐ End of Tenancy

Cleaning schedule

Service: ☐ Weekly ☐ Fortnightly ☐ Monthly ☐ One-off

Preferred cleaning day: _____

Preferred arrival time: _____

Preferred finish time: _____

Cleaner(s) assigned: _____

Payment

Preferred payment method:

☐ Direct Debit ☐ Bank transfer ☐ Cash

☐ Standing order ☐ Other _____

Access

House keys provided: _____

Key safe: _____

Gate code: _____

Door code: _____

Alarm code: _____

Entry instructions: _____

Parking:

☐ Driveway ☐ On street ☐ Permit ☐ Paid

Parking notes: _____

"I confirm the above information is correct and will let my cleaner know if anything changes."

Client signature: _____ **Date:** _____

Keep this form somewhere secure. It contains personal information and access details for your client's home.

Property & Cleaning Preferences

The little details that make every clean consistent.

Pets

☐ Dogs ☐ Cats ☐ Other

Pet names: _____

Notes: _____

Pets secured during clean? ☐ Yes ☐ No

Property

Bedrooms _____ Bathrooms _____

Office _____ Utility room _____

Conservatory _____

Type: ☐ House ☐ Flat ☐ Bungalow ☐ Commercial

Flooring

☐ Carpet ☐ Wood ☐ Laminate

☐ Tile ☐ Stone ☐ Mixed

Cleaning preferences

Preferred products: _____

Please don't use:

☐ Bleach ☐ Strong fragrances ☐ Furniture polish

☐ Abrasive products ☐ Other _____

Fragrances to avoid: _____

Microfibre only?	☐ Yes	☐ No
Eco products preferred?	☐ Yes	☐ No
Windows left open?	☐ Yes	☐ No
Heating on or off?	☐ Yes	☐ No
Lights left on or off?	☐ Yes	☐ No
Bins emptied?	☐ Yes	☐ No
Bed changing?	☐ Yes	☐ No
Laundry?	☐ Yes	☐ No
Ironing?	☐ Yes	☐ No
May we take photos for quality records?	☐ Yes	☐ No

Anything never to touch? _____

Client priorities

"What would make you happiest after each clean?"

Important Property Information

Information your cleaner shouldn't have to ask twice.

Utilities

Water stop tap: _____

Fuse box location: _____

Electric meter: _____

Gas meter: _____

Internet details (optional): _____

Security

Alarm instructions: _____

CCTV present? _____

Restricted rooms: _____

Areas not to clean: _____

Valuable or delicate items: _____

Children's rooms: _____

Risks

- ☐ Loose flooring
- ☐ Fresh paint
- ☐ Hazardous materials
- ☐ Low ceilings
- ☐ Other _____
- ☐ Fragile surfaces
- ☐ Natural stone
- ☐ Steep stairs
- ☐ Slippery floors

Emergency information

Emergency plumber: _____

Emergency electrician: _____

Landlord contact: _____

Managing agent: _____

Emergency notes: _____

Notes

Client Summary Sheet

Keep this at the front of the client file for quick reference.

Client	
Address	
Phone	
Regular clean	
Preferred day	
Preferred time	
Next clean	
Key location	
Keys held	☐ Yes ☐ No **Key ID**
Alarm	
Parking	
Pets	
Payment method	
Emergency contact	

Client priorities

Special requests and outstanding notes