

# Once Off Cleaning Enquiry



## Contact Details

Full Name:

Phone  
Number:

Email:

## Property Details

Type of Property (Apt, Hse,  
etc)

Number of Bedrooms:

Number of Bathrooms:

Lounge Area (Yes/No):

Dining Area (Yes/No):

Balcony or Outdoor Space  
(Yes/No):

Parking Type  
(Garage/Carport/Street):

Are you the legal owner of  
the property? (Yes/No):

Is the property currently  
tenanted? (Yes/No):

Do you have permission for  
short-term letting?  
(Yes/No):

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## Cleaning Details

**Preferred Cleaning Day:**  
(e.g. Monday, Friday,  
etc.)

**Do you require laundry  
services (e.g. linen,  
towels)? (Yes / No)**

**Do we need to bring our  
own supplies? (Yes / No)**

Please email this to [info@caresbnb.com](mailto:info@caresbnb.com)

### **Declaration:**

By submitting this application, I confirm that the information provided is accurate, and I understand that any false statements may disqualify me from employment.

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Signature