

Client Information Sheet

Name: _____

Cell Phone: _____ Work Phone: _____

Primary Email Address: _____

Address: _____

City: _____ State: _____ Zip: _____

Emergency Contact & Phone Number #1: _____

Emergency Contact & Phone Number #2: _____

Others with Home Access: _____

Uses Keys: _____ Yes _____ No Lockbox/Door Code: _____

Home Alarm System: _____ Yes _____ No Code: _____

Home Access/Parking Notes: _____

Trash/Recycling Location (inside): _____

Trash/Recycling Location (outside): _____

Trash/Recycling Pickup Day(s): _____

Pet Waste Disposal: _____

Cleaning Supplies: _____

House Notes: _____

Property Checklist:

- Lock only deadbolt
- Lock only bottom lock
- Lock both top & bottom lock
- Door locks automatically
- Lock door from the garage to home
- Pool on property
- Fenced Yard

Visit Checklist:

- Rotate Blinds
- Leave Lights As Is
- Rotate Lights
- Water plants (outdoor)
- Water plants (indoor)
- Collect Mail/Packages
- Trash/Recycling

Referral:

- Existing Client
- List: _____
- Facebook
- Instagram
- Google Search
- Business Card/Flyer
- NextDoor App
- Other
- List: _____