

Client & House Data Sheet

Name: _____
2ND Name: _____ Relation _____
Spouse _____

Address: _____
Apt. _____
City: _____ Zip Code: _____

Directions/ cross streets to home:

Home Telephone: _____ Cell: _____

Work Telephone: _____ Ext: _____ Other: _____

Email address: _____ @ _____ Occupation: _____

EMERGENCY:

<u>Emergency Contact(s)</u>	<u>Relationship</u>	<u>Telephone(s):</u>	<u>Key to Home?</u>
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1) _____	_____	_____	y/n
Location of contact: _____			

2) _____	_____	_____	y/n
Location of contact: _____			

HOUSE MANAGEMENT:

Leave on radio or TV for pets? _____

Rotate lighting? _____

Bring in mail? _____ - where should we leave it? _____

Location of Mailbox: _____ Key and/or number? _____

Rotate blinds? _____

Give these plants a drink on this day: _____

SECURITY:

Security/Alarm: Code In: _____ Code Out: _____ Password: _____

Alarm Company: _____ Phone Number: _____

Keypad Location: _____

Other Instructions: _____

May we set the alarm code to one used exclusively by Ali's Angels?

EXPECTED ENTRY:

Who else may be in home while services are provided (housekeeper, maintenance people, etc.)

Others checking with home while services are provided (list names and numbers):

EMERGENCY SHUT OFF LOCATIONS:

Breaker Box _____ Water _____

Special instructions in case of a power outage: _____

Any plumbing problems _____

CLIMATE CONTROL:

Are AC & Heat on a timer? _____

Should we adjust them if needed?

DOORS & LOCKS:

Inside doors to remain shut (to pets): _____

Doors that stick: _____

Instructions for sticking doors: _____

Any doorknobs or deadbolts we should not lock? _____

SECURITY:

Security/Alarm: Code In: _____ Code Out: _____ Password: _____

Alarm Company: _____ Phone Number: _____

Keypad Location: _____

Other Instructions:

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KEY SPECIFICS:

Keys on file. (3 Sets)

Client's Initials: _____

_____ All keys tested?
