



SERVICE EVALUATION

Client Name: _____

Your Name: _____

Your Phone Number: _____

Date: _____

Check the point in the graph that represents your service level
(25% is poor & 100% is excellent)

	Vacuum	Mop	Kitchen	Restroom	Dust	Trash	Restock	Glass
100%								
90%								
75%								
50%								
25%								

Other Notes:

Please fax to: 925-226-1933 Attention: Kathy Weeks