

# CLIENT INFORMATION SHEET

## Servicing Property (Florida)

Name: \_\_\_\_\_ Spouse: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Community: \_\_\_\_\_

Phone: \_\_\_\_\_ C H O Phone: \_\_\_\_\_ C H O

Email: \_\_\_\_\_ Email: \_\_\_\_\_

## Primary Property

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ C H O Phone: \_\_\_\_\_ C H O

Garage Code: \_\_\_\_\_ Alarm Code: \_\_\_\_\_ Front Door Code: \_\_\_\_\_ Mail Box No.: \_\_\_\_\_

Air Conditioning Setting: \_\_\_\_\_ Filter Frequency Change: \_\_\_\_\_

Alarm Comp: \_\_\_\_\_ Verbal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Housekeeping: \_\_\_\_\_ Phone: \_\_\_\_\_

A/C Contract: \_\_\_\_\_ Phone: \_\_\_\_\_

Pest Control: \_\_\_\_\_ Phone: \_\_\_\_\_

Pool Service: \_\_\_\_\_ Phone: \_\_\_\_\_

Lawn Service: \_\_\_\_\_ Phone: \_\_\_\_\_

Generator Comp.: \_\_\_\_\_ Phone: \_\_\_\_\_

Other: \_\_\_\_\_ Phone: \_\_\_\_\_

Pricing per month: 30.00 per visit (4 visit per month on average) \$120.00 per month

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

All appointments, requests and communication please send through the office.

Phone or Text: 561-248-9608 Email: [Office@jeffshomecareservices.com](mailto:Office@jeffshomecareservices.com)

Office Address: 7034 Charleston Shores Blvd. Lake Worth, FL. 33467

Jeff's personal cell is for emergency or urgent after-hour calls. 561-513-3298

