



Service Request

Client Name: _____

First Date of service: _____

Last Date of service: _____

Total number of days: _____

Number of visits per day: _____

Fee per day: _____ (see fee schedule)

Total charges for services: _____

- 1/2 due at contact signing.
- **Check made payable to: DEBORAH SARTORIS**
- **Balance due at end of service in exchange for key.**
- **Return check fees apply. (see legal contract)**
- **Cancellation terms apply. (see legal contract)**

Acceptance:

Dated: _____

Client: _____

HouseTemp Services: _____