

Request for Cleaning Services Form

Please Print

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

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone (home): \_\_\_\_\_

Phone (cell): \_\_\_\_\_

Social Security #: \_\_\_\_\_

Are you insured or bonded? Circle one Yes No

If insured or bonded please list proper information: \_\_\_\_\_

Service references include name, address, and phone #:

A.

1. Name \_\_\_\_\_

2. Address \_\_\_\_\_

3. Address \_\_\_\_\_

4. Phone \_\_\_\_\_

B.

1. Name \_\_\_\_\_

2. Address \_\_\_\_\_

3. Address \_\_\_\_\_

4. Phone \_\_\_\_\_

C.

1. Name \_\_\_\_\_

2. Address \_\_\_\_\_

3. Address \_\_\_\_\_

4. Phone \_\_\_\_\_

Hours available to clean:

\_\_\_\_\_

The library will supply the service provider with all cleaning materials. The service provider is to report any supplies needed. The library is to have a full cleaning every week, and as called upon for extra cleanings as deemed by the library director.

The Wellsville City Library will pay the service provider \$35.00 per full cleaning session.

Additional cleanings as requested by the library director will be paid at \$35.00 a session.

This agreement can be terminated by either party with 30 days written notice.

As a condition of services, a criminal background records check may be required.

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

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

Title: \_\_\_\_\_