



Meet and Greet

Client Name(s): _____

Client Phone #: _____ Client Email: _____

Client Address: _____

Emergency Contact Name: _____

Emergency Contact Phone #: _____

Entering the house: Keys Garage Lockbox Code: _____

Alarms? _____

Where to park: _____

Areas of the home allowed to enter/appliances used:

Overnight sleeping (if applicable): _____

Other tasks needed (garbage, bring in mail, water flowers, etc):
