



MILLER'S
PROFESSIONAL
HOME CARE SERVICES

Thank you for being a Miller's Professional Home Care Services client!
Please fill out the form below and return to us for our records.

CLIENT INFORMATION FORM

CLIENT NAME _____

Out-of-town address (shipping & mailing purposes)

Address _____

City _____ St _____ Zip _____

Phone # _____ Cell # _____

Housekeepers

Name _____ Phone # _____

Gardeners

Name _____ Phone # _____

Pool Service

Name _____ Phone # _____

Alarm Codes

_____ Alarm Company _____ Phone # _____

Trash Pickup schedule

Days of Week _____

Neighbor(s) contact

Name _____

Address _____

Phone # _____

Name _____

Address _____

Phone # _____

Additional comments/information: _____

Please ensure we have a complete set of all needed **Keys** as well as the **Garage Door** opener, if applicable.
Should you have any questions, please don't hesitate to call us (760) 345-1132

Rich & Joanne Miller