

A NEW CREATION, LLC

Commercial Cleaning Management Company

PERFORMANCE EVALUATION

Please complete this evaluation form and upon completion fax to 678-985-2232.
 This form is to be completed by a location manager or appointed representative of the location.

PROPERTY INFORMATION:

Property Name: _____

Date: _____

Address: _____

City: _____ State & Zip: _____

NOTES

RATING (1 through 10)

1= Worst, 10 = Best

Lobby/ Hallways		

Front Glass/ Main Entrance		

General Cleaning		

Restrooms		

Other (Please specify)		

OVERALL PERFORMANCE

Property Mgr/Appointee Signature: _____

Name & Title (printed): _____

ANC Representative: _____

Name & Title (printed): _____