



Property:

Name/Date/Time:

- _____ Mail Inside
- _____ Run Garbage Dispose (no water)
- _____ Check Fridge/Freezer
- _____ Run Water - Sinks/Tubs/Showers
- _____ Flush Toilets
- _____ Check Ceilings, Floors and Walls
- _____ Check Cabinets
- _____ Check Closets
- _____ Check Inside of Doors & Windows for Leaks & Pests
- _____ Check Smoke Detectors
- _____ Check Exterior Door
- _____ Humidity
- _____ Check A/C Drip Pan (Where Accessible)
- _____ Run A/C
- _____ Check Lights
- _____ Check Exterior Doors & Windows for Intrusion & Leaks
- _____ Check Exterior Walls & Roof (Visual)
- _____ Check Lanai
- _____ Check Salt Tank
- _____ Check Landscaping
- _____ Check Well Equipment (Visual)
- _____ Check Pool Equipment (Visual)
- _____ Check Boat (Visual & NO Boarding)
- _____ Check Storm Shutter
- _____ Changing Bulbs
- _____ Changing Batteries

Notes: