



House Check Services List

Date: _____

Client Name: _____

Property Address: _____

Billing Address: _____

Emergency Contacts:

Type	Name	Phone
Homeowner	_____	_____
HVAC	_____	_____
Plumbing	_____	_____
Electrical	_____	_____
Propane/Gas	_____	_____
Septic System	_____	_____
Other	_____	_____

Exterior Check Frequency: Price:

<input type="checkbox"/> Windows & Doors	_____	_____
<input type="checkbox"/> Snow on Roof	_____	_____
<input type="checkbox"/> Gutters/Downspouts	_____	_____
<input type="checkbox"/> Snow on Decks	_____	_____
<input type="checkbox"/> Landscape	_____	_____
<input type="checkbox"/> Propane Level	_____	_____
<input type="checkbox"/> Other	_____	_____

Interior Check Frequency: Price:

<input type="checkbox"/> Heating Thermostat Setting	_____	_____
<input type="checkbox"/> A/C Thermostat Setting	_____	_____
<input type="checkbox"/> Plumbing	_____	_____
<input type="checkbox"/> Remove Garbage & Recyclables	_____	_____
<input type="checkbox"/> Pest Inspection: Monitor/Trap	_____	_____
<input type="checkbox"/> Secures Windows & Doors	_____	_____
<input type="checkbox"/> Other	_____	_____

Client Signature _____

Date _____

Print Name _____