

PROPERTY NAME _____

DATE _____ INSPECTED BY _____

INSPECT BY AREA AND NOTE SPECIFIC CONCERNS THAT NEED TO BE ADDRESSED

AREA	ITEM TO CHECK	OK?	CONCERNS/NOTES	ITEM TO CHECK	OK?	CONCERN/NOTES
ENTRANCE	Adequate signage	<input type="checkbox"/> Y <input type="checkbox"/> N		Landscaping in good condition	<input type="checkbox"/> Y <input type="checkbox"/> N	
	Sign(s) easily visible & well lit	<input type="checkbox"/> Y <input type="checkbox"/> N		Area free of trash and litter	<input type="checkbox"/> Y <input type="checkbox"/> N	
	Sign(s) in good condition	<input type="checkbox"/> Y <input type="checkbox"/> N		Road or street in good condition	<input type="checkbox"/> Y <input type="checkbox"/> N	
	Gate(s)/fence(s) in good condition	<input type="checkbox"/> Y <input type="checkbox"/> N		Entrance well lit	<input type="checkbox"/> Y <input type="checkbox"/> N	
	Other _____	<input type="checkbox"/> Y <input type="checkbox"/> N		Other _____	<input type="checkbox"/> Y <input type="checkbox"/> N	

AREA	ITEM TO CHECK	OK?	CONCERNS/NOTES	ITEM TO CHECK	OK?	CONCERN/NOTES
OFFICE / CLUBHOUSE	Adequate signage	<input type="checkbox"/> Y <input type="checkbox"/> N		Doors & windows clean and working	<input type="checkbox"/> Y <input type="checkbox"/> N	
	Sign(s) easily visible & well lit	<input type="checkbox"/> Y <input type="checkbox"/> N		Walls & ceilings clean	<input type="checkbox"/> Y <input type="checkbox"/> N	
	Sign(s) in good condition	<input type="checkbox"/> Y <input type="checkbox"/> N		Blinds & drapes clean	<input type="checkbox"/> Y <input type="checkbox"/> N	
	Exit sign(s) visible	<input type="checkbox"/> Y <input type="checkbox"/> N		Floors (tile or carpet) clean	<input type="checkbox"/> Y <input type="checkbox"/> N	
	Landscaping in good condition	<input type="checkbox"/> Y <input type="checkbox"/> N		Lights clean and working	<input type="checkbox"/> Y <input type="checkbox"/> N	
	Areas free of trash and litter	<input type="checkbox"/> Y <input type="checkbox"/> N		Bathroom clean and free of litter	<input type="checkbox"/> Y <input type="checkbox"/> N	
	Other _____	<input type="checkbox"/> Y <input type="checkbox"/> N		Other _____	<input type="checkbox"/> Y <input type="checkbox"/> N	

AREA	ITEM TO CHECK	OK?	CONCERNS/NOTES	ITEM TO CHECK	OK?	CONCERN/NOTES
COMMON AREAS AND GROUNDS	Grass, trees & shrubs look healthy	<input type="checkbox"/> Y <input type="checkbox"/> N		Sidewalks clean	<input type="checkbox"/> Y <input type="checkbox"/> N	
	Plants / flowers alive & healthy	<input type="checkbox"/> Y <input type="checkbox"/> N		Trash bins empty	<input type="checkbox"/> Y <input type="checkbox"/> N	
	Dead / unhealthy plants removed	<input type="checkbox"/> Y <input type="checkbox"/> N		Grounds free from pet waste	<input type="checkbox"/> Y <input type="checkbox"/> N	
	Adequate mulch	<input type="checkbox"/> Y <input type="checkbox"/> N		Area(s) well lit	<input type="checkbox"/> Y <input type="checkbox"/> N	
	Grounds free of trash and litter	<input type="checkbox"/> Y <input type="checkbox"/> N		Mail area(s) free from litter	<input type="checkbox"/> Y <input type="checkbox"/> N	
	Other _____	<input type="checkbox"/> Y <input type="checkbox"/> N		Other _____	<input type="checkbox"/> Y <input type="checkbox"/> N	

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AMENITIES (GYM / DOG PARK / LAUNDRY)	Landscaping in good condition	<input type="checkbox"/> Y <input type="checkbox"/> N		Supplies stocked	<input type="checkbox"/> Y <input type="checkbox"/> N	
	Areas free of trash and litter	<input type="checkbox"/> Y <input type="checkbox"/> N		Area(s) well lit	<input type="checkbox"/> Y <input type="checkbox"/> N	
	Rules posted, visible & legible	<input type="checkbox"/> Y <input type="checkbox"/> N		Floors (tile or carpet) clean	<input type="checkbox"/> Y <input type="checkbox"/> N	
	Equipment clean, in right place & working	<input type="checkbox"/> Y <input type="checkbox"/> N		Trash bins available and empty	<input type="checkbox"/> Y <input type="checkbox"/> N	
	Other _____	<input type="checkbox"/> Y <input type="checkbox"/> N		Other _____	<input type="checkbox"/> Y <input type="checkbox"/> N	

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POOL / SPA	Rules posted, visible & legible	<input type="checkbox"/> Y <input type="checkbox"/> N		Landscaping in good condition	<input type="checkbox"/> Y <input type="checkbox"/> N	
	Pool/Spa clean & water clear	<input type="checkbox"/> Y <input type="checkbox"/> N		Pool deck clean and free of litter	<input type="checkbox"/> Y <input type="checkbox"/> N	
	Safety equipment in proper place and working	<input type="checkbox"/> Y <input type="checkbox"/> N		Furniture arranged, clean & in good condition	<input type="checkbox"/> Y <input type="checkbox"/> N	
	Fence gates latch properly	<input type="checkbox"/> Y <input type="checkbox"/> N		Area(s) well lit	<input type="checkbox"/> Y <input type="checkbox"/> N	
	Other _____	<input type="checkbox"/> Y <input type="checkbox"/> N		Other _____	<input type="checkbox"/> Y <input type="checkbox"/> N	

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PARKING (LOT / GARAGES)	Lots / curbs well striped	<input type="checkbox"/> Y <input type="checkbox"/> N		Area(s) well lit	<input type="checkbox"/> Y <input type="checkbox"/> N	
	No Parking & Fire Zones marked	<input type="checkbox"/> Y <input type="checkbox"/> N		Garage / carriage lights working	<input type="checkbox"/> Y <input type="checkbox"/> N	
	Areas clean and free of litter	<input type="checkbox"/> Y <input type="checkbox"/> N		Garage numbering visible	<input type="checkbox"/> Y <input type="checkbox"/> N	
	Other _____	<input type="checkbox"/> Y <input type="checkbox"/> N		Other _____	<input type="checkbox"/> Y <input type="checkbox"/> N	

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BUILDING # & BREEZEWAY / STAIRWELLS	Adequate sign(s) and numbering	<input type="checkbox"/> Y <input type="checkbox"/> N		Building clean, no dirt or mildew	<input type="checkbox"/> Y <input type="checkbox"/> N	
	Building appears structurally sound	<input type="checkbox"/> Y <input type="checkbox"/> N		Doors & windows clean	<input type="checkbox"/> Y <input type="checkbox"/> N	
	Paint in good condition	<input type="checkbox"/> Y <input type="checkbox"/> N		Walls clean & undamaged	<input type="checkbox"/> Y <input type="checkbox"/> N	
	Areas free of trash and litter	<input type="checkbox"/> Y <input type="checkbox"/> N		Stairwells & breezeways clean	<input type="checkbox"/> Y <input type="checkbox"/> N	
	Landscaping in good condition	<input type="checkbox"/> Y <input type="checkbox"/> N		Patios/balconies clean & uncluttered	<input type="checkbox"/> Y <input type="checkbox"/> N	
	Area(s) well lit	<input type="checkbox"/> Y <input type="checkbox"/> N		Gutters/downspouts free of debris	<input type="checkbox"/> Y <input type="checkbox"/> N	
	Other _____	<input type="checkbox"/> Y <input type="checkbox"/> N		Other _____	<input type="checkbox"/> Y <input type="checkbox"/> N	

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	Areas free of trash and litter	<input type="checkbox"/> Y <input type="checkbox"/> N		Stairwells & breezeways clean	<input type="checkbox"/> Y <input type="checkbox"/> N	
	Landscaping in good condition	<input type="checkbox"/> Y <input type="checkbox"/> N		Patios/balconies clean & uncluttered	<input type="checkbox"/> Y <input type="checkbox"/> N	
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	Areas free of trash and litter	<input type="checkbox"/> Y <input type="checkbox"/> N		Stairwells & breezeways clean	<input type="checkbox"/> Y <input type="checkbox"/> N	
	Landscaping in good condition	<input type="checkbox"/> Y <input type="checkbox"/> N		Patios/balconies clean & uncluttered	<input type="checkbox"/> Y <input type="checkbox"/> N	
	Area(s) well lit	<input type="checkbox"/> Y <input type="checkbox"/> N		Gutters/downspouts free of debris	<input type="checkbox"/> Y <input type="checkbox"/> N	
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