

Le Chateau - Monthly Vacant Unit Check Form

Unit # _____ Owner Name: _____

Date: _____ Time In: _____ Time Out: _____

Checker's Name: _____ Phone number: _____

Main Valve Location: _____

Valve position upon arrival (circle one): Open Closed

After unit check is complete, close main valve, water heater valve and shut electric to water heater.
Check here: _____ when complete upon leaving

Shutter position upon arrival (circle one): Open Closed
If open upon arrival, close shutter before leaving unit. Check here: _____

A/C

Temp setting on arrival: _____

Temp actual on arrival: _____

Temp setting upon leaving: _____ (thermostat setting should not exceed 76 degrees)

CHECK UPON COMPLETION:

- Ran garbage disposal
- Ran water:
 - Kitchen sink
 - Master bathroom sink
 - Master bathroom shower
 - Guest bathroom sink
 - Guest bathroom shower

Flushed all toilets

Checked storage closet (if applicable)

Evidence of any leak or water damage: YES NO

If yes, specify area: _____

Description: _____

Notes _____

REMINDER: ENSURE THAT ALL DOORS ARE LOCKED AND WINDOWS ARE CLOSED UPON LEAVING UNIT