



RENOVATION CHECKLIST

Property Address: _____

Property Name/#: _____

DAY DATE SERVICE REP NAME VISIT TYPE BILL TO NAME:

			<input type="checkbox"/> Scheduled <input type="checkbox"/> Special <input type="checkbox"/> Emergency	
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√	KITCHEN/ BATHROOMS	Duties/Frequency:	Comments/Issues/Incomplete Items
	Plumbing/faucets		
	Tub/shower/sink		
	Countertops		
	Cabinets		
	Appliances		
	Lighting/electrical		
	Ceilings		
	Walls/windows		
	Doors		
	Flooring		
√	LIVING/ BEDROOMS	Duties/Frequency:	Comments/Issues/Incomplete Items
	HVAC/filters		
	Water heater		
	Lighting/electrical		
	Ceilings		
	Walls/windows		
	Doors		
	Flooring		
	PestControl		

X _____ = _____
 Supervisor/Service Rep Signature(s) Date Time In Time Out Total Billable Hours (to nearest Qtr hour)

IF THIS PROPERTY NEEDS ATTENTION:

Contact Robert at 423-581-9922 office, 423-231-1266 cell, 423-587-6749 fax RentUTK@charter.net