

PROPERTY QUESTIONNAIRE

Owner (Name): _____
 Email: _____
 Phone O: _____ Phone H: _____ Phone M: _____
 Owner (Name): _____
 Email: _____
 Phone O: _____ Phone H: _____ Phone M: _____
 Property Address: _____
 Property Type: _____
 Date Available/Start: _____ Date of Return/Finish: _____
 Mailing Address: _____

GENERAL INFORMATION

Year Built	_____	Electrical System	_____
Construction Type	_____	Electrical Amps	_____
Age of Roof shingles	_____	Heating System	_____
Distance to Hydrant	_____	Distance to Fire Station	_____
Special Keys (Medico, etc.)	_____	Parking spot #	_____
		Storage Locker #	_____

Garage Door Opener _____ No. Remotes _____ Keypad _____ Code _____
 Mail Delivery _____ Column _____ Box _____
 Location _____

ITEMS/JOBS TO BE DONE ANNUALLY

ITEMS/JOBS TO BE DONE WHEN PROPERTY VACANT

UTILITIES AND OTHER PAYMENTS

Hydro	Water	Heat	Insurance	Taxes	Condo Fees	HWT Rental
_____	_____	_____	_____	_____	_____	_____

WARRANTIES

SPECIAL INSTRUCTIONS

CONTACTS, PREFERRED CONTRACTORS (WSIB CERTIFIED) AND SERVICES CONTACTS

Name: _____ Relationship: _____
Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____
Email: _____ Email: _____

Name: _____ Relationship: _____
Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____
Email: _____ Email: _____

Insurance Company: _____ Policy No.: _____
Address _____ Phone: _____
Agent _____ Fax: _____
Email: _____
Email: _____

Heating Contract: _____ Acct No.: _____
Address _____ Phone: _____
Fax: _____
Email: _____
Email: _____

A/C Contract: _____ Acct No.: _____
Address _____ Phone: _____
Fax: _____
Email: _____
Email: _____

Hot Water Heater : _____ Size: _____
Service Contract : _____ Contract No. : _____
Address _____ Phone: _____
_____ Fax: _____
_____ Email: _____

Lawn Care Service: Company : _____
Address _____ Phone: _____
_____ Fax: _____
_____ Email: _____
_____ Email: _____

Garden Service: Company : _____
Address _____ Phone: _____
_____ Fax: _____
_____ Email: _____
_____ Email: _____

Tree Trimming: Company : _____
Address _____ Phone: _____
_____ Fax: _____
_____ Email: _____
_____ Email: _____

Snow Blowing: Company : _____
Address _____ Phone: _____
_____ Fax: _____
_____ Email: _____
_____ Email: _____

Alarm System: _____ Company : _____
Address _____ Phone: _____
_____ Fax: _____
_____ Email: _____
_____ Email: _____

House Checking: Company : _____
Name: _____ Phone: _____
Address _____ Fax: _____
_____ Email: _____
_____ Email: _____

_____ Company : _____
Address _____ Phone: _____
_____ Fax: _____
_____ Email: _____
_____ Email: _____