



PROPERTY MAINTENANCE CHECKLIST

Property Name: _____

Property Address: _____

Date of Site Visit: _____

Inspector: _____ Signature: _____

Area	Condition		Repairs	Comments
	Good	Poor		
Exterior				
Walls				
North				
South				
East				
West				
Windows				
Parking Lot				
Curbs				
Sidewalk/Stairs				
Landscape				
Potted Plants				
Dumpsters				
HVAC				
Elec. Room				
Light bulbs				
Light timers				
Light Fixtures				
Irrigation timers				
Signage				
Doors				
Gates				
Loading Dock				