

## CLUBHOUSE PRE-INSPECTION – MAIN & LOFT AREAS

**This form must be received by the Clubhouse Associate within 4 hours prior to the event.**

**Renter: You are encouraged to take digital photos of areas of concern or damage that you see prior to the event. You are responsible for damages incurred during the event.**

Resident: \_\_\_\_\_ Level Rented: \_\_\_\_\_ Date of Event: \_\_\_\_\_

**Check YES if there is any damage or issues, otherwise check NO.**

\*\*includes dining room, great room, meeting room, kitchen, restrooms\*\*

| Main & Loft Area / Item | Yes | No | If Yes, please explain (please be specific): |
|-------------------------|-----|----|--|
| Hardwood Flooring       |     |    |  |
| Carpeting / Area Rugs   |     |    |  |
| Tile Flooring           |     |    |  |
| Leather Sofas           |     |    |  |
| Walls and Woodwork      |     |    |  |
| Coffee / End Tables     |     |    |  |
| Dining Room Table       |     |    |  |
| Dining Chairs           |     |    |  |
| Wood Card Tables        |     |    |  |
| Side / Club Chairs      |     |    |  |
| Accessories             |     |    |  |
| Draperies               |     |    |  |
| Plantation Shutters     |     |    |  |
| Appliances & Vacuum     |     |    |  |
| Sink                    |     |    |  |
| Cabinets & Counters     |     |    |  |
| Fireplace               |     |    |  |
| Windows / Doors         |     |    |  |
| Plumbing                |     |    |  |
| Light Fixtures/Bulbs    |     |    |  |
| Paper Towels/Tissue     |     |    |  |

Overall Cleanliness of Facility: \_\_\_\_\_ Acceptable \_\_\_\_\_ Unacceptable

If unacceptable, please explain: \_\_\_\_\_

**PRE-INSPECTION** – Date & time completed: \_\_\_\_\_

Homeowner's signature: \_\_\_\_\_

**FOR USE BY THE HOA:** Post-inspection completed on: \_\_\_\_\_, by: \_\_\_\_\_

List any conditions or damage that has resulted from the event: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## CLUBHOUSE PRE-INSPECTION – BASEMENT AREA

**This form must be received by the Clubhouse Associate within 4 hours prior to the event.**

**Renter: You are encouraged to take digital photos of areas of concern or damage that you see prior to the event. You are responsible for damages incurred during the event.**

Resident: \_\_\_\_\_ Level Rented: \_\_\_\_\_ Date of Event: \_\_\_\_\_

**Check YES if there is any damage or issues, otherwise check NO.**

\*\*includes kitchen, hallways, two large activity rooms, and restrooms \*\*

| Area / Item              | Yes | No | If Yes, please explain (please be specific): |
|--------------------------|-----|----|--|
| Carpeting / Area Rugs    |     |    |  |
| Vinyl Tile Flooring      |     |    |  |
| Walls                    |     |    |  |
| Futon Sofas (2)          |     |    |  |
| White Folding Tables (4) |     |    |  |
| Folding Chairs (30)      |     |    |  |
| Brown Folding Tables (2) |     |    |  |
| Dry Erase Board          |     |    |  |
| Light Fixtures/Bulbs     |     |    |  |
| Plumbing                 |     |    |  |
| Windows / Doors          |     |    |  |
| Paper Towels/Tissue      |     |    |  |
| Appliances               |     |    |  |
| Sink                     |     |    |  |
| Cabinets & Counters      |     |    |  |

verall Cleanliness of Facility: \_\_\_\_\_ Acceptable \_\_\_\_\_ Unacceptable

If unacceptable, please explain: \_\_\_\_\_

**PRE-INSPECTION** – Date & time completed: \_\_\_\_\_

Homeowner's signature: \_\_\_\_\_

**FOR USE BY THE HOA:** Post-inspection completed on: \_\_\_\_\_, by: \_\_\_\_\_

List any conditions or damage that has resulted from the event: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_