# Skyfield Properties Short Letting Inventory

Property Address:

Inventory Date: Submitted to Skyfield Properties By:

Please confirm what you have by ticking/typing “X” in the following boxes.

How Many Bedrooms: How Many Bathrooms: How Many Beds:

# Bathroom:

|  |  |  |
| --- | --- | --- |
| **Y** | **N** | **Item or Amenity** |
|  |  | Toilet Paper |
|  |  | Hand Soap in Dispenser (refillable or non-refillable) |
|  |  | Shampoo + Refillable Dispenser |
|  |  | Shower Gel + Refillable Dispenser |
|  |  | Shampoo |
|  |  | Conditioner |
|  |  | Toilet Brush |
|  |  | Hot Water |
|  |  | Cold Water |
|  |  | Shower  If yes, how many = |
|  |  | Bathtub  If yes, how many = |
|  |  | Toilet  How many = |
|  |  | Sink  How many = |
|  |  | Towels  How many = |
|  |  | Bedsheets  How many = |

**Kitchen:**

|  |  |  |
| --- | --- | --- |
| **Y** | **N** | **Item or Amenity** |
|  |  | Kettle |
|  |  | Toaster |

|  |  |  |
| --- | --- | --- |
|  |  | Washing Machine |
|  |  | Number of Dishes = |
|  |  | Number of Cups & Glasses = |
|  |  | Number of Bowls = |
|  |  | Mixing Bowl |
|  |  | Chopping Board |
|  |  | Kitchen Knives |
|  |  | Number of pots = |
|  |  | Number of saucepans = |
|  |  | Oven Tray |
|  |  | Utensils (knives, forks, spoons + teaspoons)  How many of each = |
|  |  | Mop |
|  |  | Bucket |
|  |  | Dust Bin |
|  |  | Bin Bags |
|  |  | Oven |
|  |  | Stove |
|  |  | Microwave |
|  |  | Fridge |
|  |  | Freezer |
|  |  | Dish Washer |
|  |  | Sink |
|  |  | Oven Glove |
|  |  | Paper Towels |
|  |  | Hot Water |
|  |  | Cold Water |
|  |  | Fresh Sponges |
|  |  | Clothes Drying Rack |
|  |  | Coffee Maker |
|  |  | Rice Cooker |
|  |  | Lawn Mower |
|  |  | Hoover |
|  |  | Airconditioning |
|  |  | Heating |
|  |  | Lockbox for entrance key |