

UNIT # \_\_\_\_\_ Owner \_\_\_\_\_

**CHECK LIST WHEN UNIT IS LEFT UNOCCUPIED**

Leaving home for over two weeks? Don't forget to protect your property and that of your neighbors. This check list may help. After filling it out, please leave it visible on your table upon your departure. See other side for notes.

**WATER:** Shut off valves turned off: (yes or no)

Kitchen: Sink \_\_\_\_\_ Dishwasher \_\_\_\_\_ Refrig. \_\_\_\_\_

Bath #1 Sink \_\_\_\_\_ Toilet \_\_\_\_\_

Bath #2 Sink \_\_\_\_\_ Toilet \_\_\_\_\_

**ELECTRIC:** Breakers off \_\_\_\_\_ (All) Except Fire Alarm which **must be left on.**

Breakers on \_\_\_\_\_ Refrig. \_\_\_\_\_ A.C. \_\_\_\_\_ Other \_\_\_\_\_

**AIR Conditioner:** On \_\_\_\_\_ Thermostat set at 80 Degrees \_\_\_\_\_

Vinegar added to condensate line? \_\_\_\_\_

**WINDOWS:** Closed and locked \_\_\_\_\_

Storm Shutters Closed \_\_\_\_\_ Open \_\_\_\_\_

**DOOR:** Locked? \_\_\_\_\_ Key left with? \_\_\_\_\_

**PARKING SPACE: # \_\_\_\_\_** Who has permission to use your space? (Must be a Jamison Resident.) Who has your car keys if car is left here?

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Special Instructions:** Departure Date \_\_\_\_\_ Return Date \_\_\_\_\_

Where will you be in case of emergency?

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Other contact during your absence:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Name of person responsible to check your unit regularly:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Who Has Key for Bugman entry? \_\_\_\_\_