VACANT HOME INSPECTION FORM

Space # _____ Bed/Bath _____ Rent _____

Estimated Time of Completion _____ Estimated Cost _____

Repairs Needed

_____
_____
_____
_____
_____
_____
_____

List of Supplies Needed for Repairs (please include prices)

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Total Cost of Supplies Needed $_____

Sales Tax $_____

Total Cost $_____

_____ _____

Park Manager Signature Date