

**2024-2025
ELK RIVER PROPERTY OWNERS' ASSOCIATION
REQUEST FOR RESIDENCE INSPECTION**

DATE: _____ **OWNER:** _____

RESIDENCE TO BE INSPECTED: _____

DATE TO BEGIN INSPECTION _____ **DATE TO END INSPECTION** _____

(House Checks must start on the 1st of the month)

(House Checks must end at the end of the month)

WILL YOUR HOME BE WINTERIZED? _____ YES _____ NO

IF SO BY WHOM? _____

PLEASE CHECK ONE OF THE FOLLOWING AND COMPLETE ALL THE INFORMATION.

BASIC HOUSE CHECK:

All rooms in home will be checked twice a month to see if there are any obvious problems.

COST: \$60.00 Per Month

PLEASE CHECK INFORMATION BELOW

DETAILED HOUSE CHECK:

Check twice a month all windows, and doors to make sure they are secure, heat settings, water, crawlspaces, burglar and smoke alarms, heat supply tanks, fireplace damper, car battery, check for rodents and/or insects and any other special requests you may have. If you choose this option, please fill out the check sheet information below.

COST: \$85.00 Per Month

PLEASE CHECK INFORMATION BELOW

WEEKLY DETAILED:

Same as detailed check but done on a weekly basis. If you choose this option, please fill out the check sheet information below.

COST: \$125.00 Per Month

PLEASE CHECK INFORMATION BELOW

PLEASE CHECK THE FOLLOWING:

HEAT STATUS: ON _____ OFF _____ **TEMPERATURE:** _____

NUMBER OF THERMOSTATS: _____

REFRIGERATOR: ON _____ OFF _____

WATER HEATER: ON _____ OFF _____

WATER: ON _____ OFF _____

TV/VCR POWER & CABLE DISCONNECTED: YES _____ NO _____

SECURITY SYSTEM ACTIVATED: YES _____ NO _____

START GENERATOR: YES _____ NO _____ (only with Detailed or Weekly check)

START CAR: MONTHLY _____ EVERY OTHER MONTH _____ (only with Detailed or Weekly checks)

GOLF CART BATTERY CHARGED: MONTHLY _____ EVERY OTHER MONTH _____ (only with Detailed or Weekly checks)

REQUIRED- COMPANY USED FOR HEATING AND AIR: _____

REQUIRED- COMPANY USED FOR GAS: _____

COMPANY USED FOR SECURITY SYSTEM: _____

HOUSEKEEPER: _____

ELECTRICIAN: _____

PLUMBER: _____

*ALL THE FOLLOWING INFORMATION WILL BE CHECKED IN ACCORDANCE WITH THE INFORMATION PROVIDED. PLEASE INDICATE IF THERE ARE ADDITIONAL ITEMS TO BE CHECKED OR SPECIAL INSTRUCTIONS IN THE SPACE PROVIDED BELOW:

SIGNATURE: _____

PHONE NUMBER IN CASE OF EMERGENCY: _____

PRIMARY # _____ **SECONDARY #** _____

***PLEASE NOTE IF GAS COMPANY CAN NOT ACCESS DRIVE TO GET TO TANKS, POA WILL CLEAR DRIVE AND THERE WILL BE A CHARGE* (OVER)**