
Information on House

UTILITY COMPANIES:

SECURITY SYSTEM (YES OR NO) / IF YES, NAME & PHONE NUMBER OF SECURITY COMPANY

POWER COMPANY: _____

WATER COMPANY: _____

SEPTIC TANK OR CITY SEWAGE (CIRCLE ONE). Company: _____

GAS COMPANY: _____

CABLE COMPANY: _____

GARBAGE SERVICE: _____

HEATING AND COOLING SYSTEM (type): _____

SPECIFY VENDORS:

If you wish for us to use specific vendors for your home, please specify:

Company	Address	Contact Person	Telephone Number
Company	Address	Contact Person	Telephone Number
Company	Address	Contact Person	Telephone Number
Company	Address	Contact Person	Telephone Number
Company	Address	Contact Person	Telephone Number
Company	Address	Contact Person	Telephone Number

Note: If you have a policy with American Home Shields, a warranty company, please list that above with policy number.

NO. BEDROOMS _____ **NO. BATHROOMS** _____

FORMAL DINING ROOM: (YES OR NO)

EAT-IN-KITCHEN: (YES OR NO) **LIVING ROOM:** (YES OR NO)

GREAT ROOM: (YES OR NO) **FIREPLACE:** (YES OR NO)

GARAGE: (YES OR NO) **WITH OPENER** (YES OR NO)

FENCED YARD (YES OR NO OR PARTIAL) **DECK OR PATIO** (YES OR NO)

SHED/STORAGE (YES OR NO)

CARPET, HARDWOOD, OR VINYL (PLEASE CIRCLE ALL THAT APPLIES)

QUESTIONNAIR FOR OWNERS

OVEN/RANGE (*YES OR NO*) Make: _____ Model #: _____

DISPOSAL (*YES OR NO*)

REFRIGERATOR (*YES OR NO*) Make: _____ Model #: _____

ICEMAKER (*YES OR NO*)

DISHWASHER (*YES OR NO*)

Make: _____ Model #: _____

WASHER/DRYER (*YES OR NO*) Make: _____ Model #: _____

HOOK-UPS (*YES OR NO*)

FANS (*YES OR NO*) **IF YES, HOW MANY AND WHICH ROOMS**

MINIBLINDS (*YES OR NO*) **IF YES, HOW MANY AND WHICH ROOMS**

DRAPES (*YES OR NO*) **IF YES, WHICH ROOMS** _____

ANY SPECIAL INSTRUCTIONS ON SHOWING THE HOME OR OCCUPANCY RESTRICTIONS
