




PROPERTY CHECKLIST

Requirements For:

Name: _____
 Address: _____
 City: _____ Cell: _____
 State: _____ Zip Code: _____ Work: _____
 E-Mail Address: _____

Preferences

Preferences

Preferences

<input type="checkbox"/> Location _____		
<input type="checkbox"/> Property Type _____		
<input type="checkbox"/> Price Range _____		
<input type="checkbox"/> Acreage _____		
<input type="checkbox"/> Sq. Footage _____		
<input type="checkbox"/> Bedrooms _____		
<input type="checkbox"/> Bath _____		
<input type="checkbox"/> Family Room / Office _____		
<input type="checkbox"/> Kitchen / Dining _____		
<input type="checkbox"/> School (Level) _____		
<input type="checkbox"/> Floor Plan _____		
<input type="checkbox"/> Closet Space _____		
<input type="checkbox"/> Fireplace _____		
<input type="checkbox"/> Exterior Condition _____		
<input type="checkbox"/> Interior Condition _____		
<input type="checkbox"/> Deck / Patio _____		
<input type="checkbox"/> Garage _____		
<input type="checkbox"/> Utilities _____		
<input type="checkbox"/> Area Services _____		
<input type="checkbox"/> Shopping _____		
<input type="checkbox"/> Hospital / Doctor / Dentist _____		
<input type="checkbox"/> Workshop Services _____		
<input type="checkbox"/> Police / Fire _____		
<input type="checkbox"/> Like Most About _____		
<input type="checkbox"/> Like Least About _____		

