



MAINTENANCE CHECKLIST

NAME _____ DATE _____

30-DAY 10-MONTH LOT # _____ COMMUNITY _____

HOME PHONE # _____ SETTLEMENT DATE _____

ITEM

FOLLOW-UP

- Over Dig Area _____
- Drainage _____
- Plant Material / Landscape _____
- Roof Inspection (No blow-offs, etc.) _____
- Downspout Extensions _____
- Concrete Flatwork _____
- Exterior Door Check _____
- Patio Door Lock _____
- Garage Overhead Door / System _____
- Mechanical Systems (HVAC, Plumb, Elec) _____
- Smoke Detectors _____
- Furnace Filters _____
- Interior Door Operation _____
- Interior Trim _____
- Cabinets _____
- Tile _____
- Caulk _____
- Window Operation _____
- Drywall _____
- Floor Coverings _____

ADDITIONAL COMMENTS: _____

 HOMEOWNER'S SIGNATURE DATE

 McKEE REPRESENTATIVE DATE