

Clubhouse Pre-inspection – Main & Loft Areas

This form must be received by the Clubhouse Associate within 4 hours prior to the event.

Renter: You are encouraged to take digital photos of areas of concern or damage that you see prior to the event. You are responsible for damages incurred during the event.

Resident: _____ Level Rented: _____ Date of Event: _____

Check YES if there is any damage or issues, otherwise check NO.

includes dining room, great room, meeting room, kitchen, restrooms

Main & Loft Area / Item	Yes	No	If Yes, please explain (please be specific):
Hardwood Flooring			
Carpeting / Area Rugs			
Tile Flooring			
Leather Sofas			
Walls and Woodwork			
Coffee / End Tables			
Dining Room Table			
Dining Chairs			
Wood Card Tables			
Side / Club Chairs			
Accessories			
Draperies			
Plantation Shutters			
Appliances & Vacuum			
Sink			
Cabinets & Counters			
Fireplace			
Windows / Doors			
Plumbing			
Light Fixtures/Bulbs			
Paper Towels/Tissue			

Overall Cleanliness of Facility: _____ Acceptable _____ Unacceptable

If unacceptable, please explain: _____

PRE-INSPECTION – Date & time completed: _____

Homeowner's signature: _____

FOR USE BY THE HOA: Post-inspection completed on: _____, by: _____

List any conditions or damage that has resulted from the event: _____

Clubhouse Pre-inspection – Basement Area

This form must be received by the Clubhouse Associate within 4 hours prior to the event.

Renter: You are encouraged to take digital photos of any areas of concern or damage that you see prior to the event. You are responsible for damages incurred during the event.

Resident: _____ Level Rented: _____ Date of Event: _____

Check YES if there is any damage or issues, otherwise check NO.

**includes kitchen, hallways, two large activity rooms, and restrooms **

Area / Item	Yes	No	If Yes, please explain (please be specific):
Carpeting / Area Rugs			
Vinyl Tile Flooring			
Walls			
Futon Sofas (2)			
White Folding Tables (4)			
Folding Chairs (30)			
Brown Folding Tables (2)			
Dry Erase Board			
Light Fixtures/Bulbs			
Plumbing			
Windows / Doors			
Paper Towels/Tissue			
Appliances			
Sink			
Cabinets & Counters			

Overall Cleanliness of Facility: _____ Acceptable _____ Unacceptable

If unacceptable, please explain: _____

PRE-INSPECTION – Date & time completed: _____

Homeowner's signature: _____

FOR USE BY THE HOA: Post-inspection completed on: _____, by: _____

List any conditions or damage that has resulted from the event: _____
