

BUYER'S PROPERTY CHECKLIST

Date of visit: _____/_____/_____

Address: _____

PROPERTY TYPE :

Condominium: Bungalow : Duplex : Triplex : Other :

Location: _____

Condition	Excellent	Highly satisfactory	Satisfactory
Yard Area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Landscaping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Building on Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doors and windows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof and eaves troughs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Schools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Daycare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public transit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parks & playgrounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shopping centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to highways	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>