



			Included	Excluded
Range	<input type="checkbox"/> Electric	<input type="checkbox"/> Gas	_____	_____
Oven	<input type="checkbox"/> Electric	<input type="checkbox"/> Gas	_____	_____
Microwave			_____	_____
Dishwasher			_____	_____
Garbage Disposal			_____	_____
Refrigerator			_____	_____
Icemaker			_____	_____
Wine Refrigerator			_____	_____
Trash Compactor			_____	_____
Air Conditioner	# of Units	_____	_____	_____
Heat	<input type="checkbox"/> Electric	<input type="checkbox"/> Gas	_____	_____
Water Heater	<input type="checkbox"/> Electric	<input type="checkbox"/> Gas	_____	_____
Solar Water Heater	<input type="checkbox"/> Own	<input type="checkbox"/> Lease	_____	_____
Central Vacuum			_____	_____
Water Softener			_____	_____
Pool Equipment			_____	_____
Pool Heater	<input type="checkbox"/> Electric	<input type="checkbox"/> Gas	_____	_____
Children Pool Fence			_____	_____
Generator	<input type="checkbox"/> Own	<input type="checkbox"/> Lease	_____	_____
Washer	<input type="checkbox"/> Electric	<input type="checkbox"/> Gas	_____	_____
Dryer	<input type="checkbox"/> Electric	<input type="checkbox"/> Gas	_____	_____
Alarm	<input type="checkbox"/> Own	<input type="checkbox"/> Lease	_____	_____
Speakers			_____	_____
TV's	# of attached	_____	_____	_____
Satellite Dish	# of Dishes	_____	_____	_____
Fan	# of Fan(s)	_____	_____	_____
Intercom			_____	_____
Light Fixtures as attached			_____	_____
Attached Window Treatments			_____	_____
Attached / Built in Furniture			_____	_____
Hurricane Shutters	<input type="checkbox"/> Partial	<input type="checkbox"/> Complete	_____	_____
Sprinkler System	<input type="checkbox"/> Well/Pump	<input type="checkbox"/> City Water	_____	_____
Sewer System	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
Septic Tank	Last Draine	_____		
Water System	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Garage Door Opener	# of Units	_____		

Seller (s) _____

Date _____
Date _____