

Las Palmas and Las Palmas Grand Caretaker's Checklist

Resident/s: _____ Unit # _____

Phone # _____ Email address _____

Local Emergency Contact _____ Phone# _____

Caretaker Responsibilities--Resident, check all that apply: (X denotes required security precautions)

Weekly:

_____ Walk around property, checking doors & windows, and initiate needed repairs

☒ Check for & remove flyers, papers, etc. from doors & driveways

Every Two Weeks:

_____ Turn water on and:

Flush toilets

Run **ALL** hot and cold faucets (5 seconds each) in bathroom sinks, showers, tub, kitchen.

_____ Turn water off

_____ Send email to resident, including photos as needed

Once Each Month:

_____ Run dishwasher (rinse only cycle)

_____ Run clothes washer (low water rinse only)

_____ Evaluate irrigation at "run" time for leaks

_____ Evaluate plants/trees for adequate water supply; adjust as needed

_____ Monitor working status of security lights/motion sensor lights

_____ Sweep or blow off carport

Other:

_____ Check mailbox and forward non-junk mail (first week after owner leaves only)

_____ Schedule yard maintenance monthly while owner is away (prevent need for owner to receive a notice from management)

☒ After major storm, check for damage

☒ Participate in phone tree for Neighborhood Watch security events; check homes after notification of a security event in the community

☒ Notify Mesa Police (as needed) and Neighborhood Watch Coordinator of any security event

When leaving **Resident/Owner** will:

Set drip system (increasing water supply for summer months)

Disconnect phones and appropriate electrical items

Turn off water

Shut off electrical to water heater

Vehicle(s) parked at Unit: indicate # of _____ car(s) _____ golf cart _____ bicycle (s)

Description of vehicles left on property: (make, model, year, color, license plate state/#, VIN):

Vehicle cover in use? _____yes _____no If yes, for which vehicle(s): _____

Location of all vehicle keys: _____

Any special vehicle instructions/comments:_____

_____/_____
Resident/Homeowner’s Signature Date Caretaker’s Signature Date

Unit #_____

Preferred Emergency Contact for Services:

Electrical; Name:_____ Phone#_____

Plumbing: Name:_____ Phone#_____

Contractor: Name:_____ Phone#_____

Landscaper: Name:_____ Phone#_____

Other: Name:_____ Phone#_____

Other Instructions:
