

# APPLEWOOD LANE CONDOMINIUMS

## PLUMBING / FIXTURE INSPECTION

Building/Unit Number \_\_\_\_\_

DATE: \_\_\_\_\_

Address: \_\_\_\_\_

(CHECK ONE) NEED REPAIR _____	OK _____
FAUCETS	
KITCHEN _____	_____
BATHROOM _____	_____
2 <sup>nd</sup> BATH _____	_____
SHOWER/TUB _____	_____
SHOWER/TUB 2 <sup>ND</sup> BATH _____	_____
WASHING MACHINE FAUCETS _____	_____
TOILETS _____	_____
WASHING MACHINE HOSES _____	_____
DISHWASHER CONNECTIONS _____	_____
REFRIGERATOR (WATER/ICE DISPENSER) _____	_____
WATER HEATER _____	_____

( I / WE ) NEED HELP WITH:

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Print Name, (sign Initials)

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