

LAKE VILLAGE HOMEOWNERS ASSOCIATION FORM – S11A
Residential Unit Checklist

This form must be completed and returned to the Association Office by October 31, 2011

Enter a check mark or initial for each line below.

Unit Number _____

- | YES | NO | |
|-------|-------|--|
| _____ | _____ | 1. Furnaces and/or gas-fired boilers have been inspected and cleaned. Filters have been replaced as needed. Inspection report is available. |
| _____ | _____ | 2. Furnace shut-off valves have been verified to meet current code requirements. |
| _____ | _____ | 3. The chimney has been inspected and has been cleaned as needed. The inspection reports for pellet burning stoves and/or wood burning fireplaces is available. |
| _____ | _____ | 4. Heating thermostat(s) are set properly for your unit –minimum 55 degrees |
| _____ | _____ | 5. Ray-Chem style Heat tape w/GFI protection is installed on all pipes exposed to sub-freezing temperatures and has been activated. |
| _____ | _____ | 6. Water pressure has been checked to confirm water pressure level not excessive. |
| _____ | _____ | 7. External hoses have been disconnected and stored. |
| _____ | _____ | 8. All external watering systems have been drained and deactivated. |
| _____ | _____ | 9. An emergency access key is available through the Association Office. |
| _____ | _____ | 10. Excessive Pine needles have been removed from the roof and gutters |
| _____ | _____ | 11. Smoke alarms are installed and have been tested to be in working condition. |
| _____ | _____ | 12. Fire extinguisher(s) are verified operational. |
| _____ | _____ | 13. The unit has been examined to eliminate potential internal and external fire hazards. |
| _____ | _____ | 14. A <u>current</u> emergency telephone contact number is on file with the Association. If not, enter current number here _____ |
| _____ | _____ | 15. Carbon Monoxide Detectors have been installed according to the Association's insurance requirements and are in working condition. (Required for vacation rentals.) |

I, _____ (printed Owner name) have completed, or caused to be completed, the inspections and actions defined above. **In the event of a claim against the Association insurance policy, it is likely that the carrier will require indications and/or proof (utility bills, paid invoices, etc.) that you have complied with the above recommendations. Coverage could be affected by non-compliance.**

Member's Signature

Date