

P.R.O.S. - Property Reports On Sight

San Antonio 210)615-PROS
*210)615-7767

6/20/2012 4:23 PM

Inspector: William L. Roberts

CUSTOMER NO.: ABC Real Estate

St. Address: 12030 Main Street

City: Your Town

ST: TX. **Zip Code:** 12345

Type of Inspection:

Initial Inspection: ☐

Transitional Inspection: ☐

Periodic Inspection: ☒

Picture 1 Street View of Home to Include Driveway/Sidewalks



If no safety issues or deficiencies observed NO COMMENTS will be Made.

Exterior of Property

EXTERIOR	Observed	Unobserved	See Additional Pictures/Needs Further Evaluation
1. Roof/Trim	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Exterior Door	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Walls-All Around	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Front/Back/Side Door	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Porch/Patio/Deck	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Light Fixtures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Mail Box	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Fences (Front & Rear)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Driveway	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Lawn-Grass	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Trees/Touching House	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Shrubs and Brushes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Pool	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14. Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Picture #2 Address



Picture #3 Front View of House (Close Up)



Picture #4 Left Side of House and Yard



Picture #5 Right Side of House and Yard



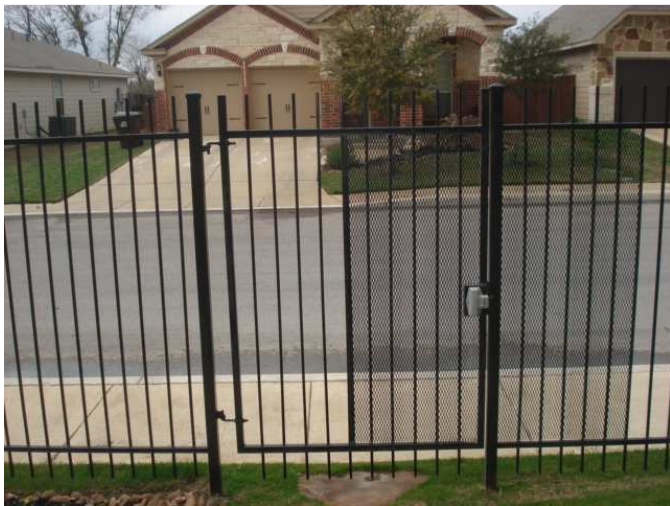
Picture #6 Rear of House and Yard



Picture #7 Picture of AC Unit



Picture #8 Picture of Fence and Gate



Picture #9 Signs of any pets i.e. Dog House

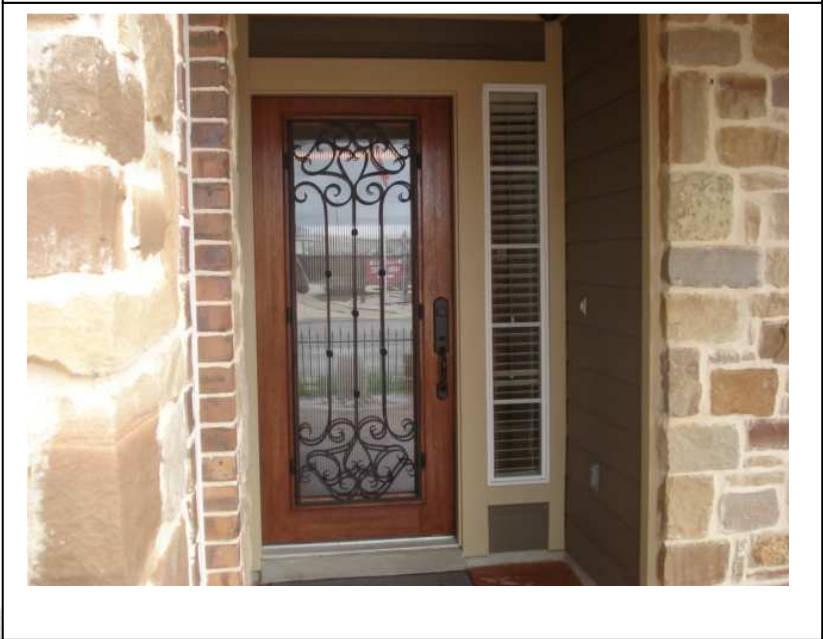
N/A

Exterior Comments:

PROS

Interior of Property:

Picture #10 Front Door including casing.



If no safety issues or deficiencies observed NO COMMENTS will be Made.

ENTRY WAY	Observed	Unobserved	See Additional Pictures/Needs Further Evaluation
1. Visible Address	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Walls/Paint	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Floors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Front Door	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Keyless Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Peephole	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Light Fixtures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Picture #11 Porch/Steps



Picture #12 Entry/Foyer



If no safety issues or deficiencies observed NO COMMENTS will be Made.

Living Room/Great Room	Observed	Unobserved	See Additional Pictures/Needs Further Evaluation
9. Flooring	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Walls/Paint	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Light Fixture	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Blinds/Drapes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Windows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Ceiling Fan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Outlet/Switch Covers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Picture #13 Living Room



Picture #14 Living Room Floor



Picture #15 Living Room Ceiling



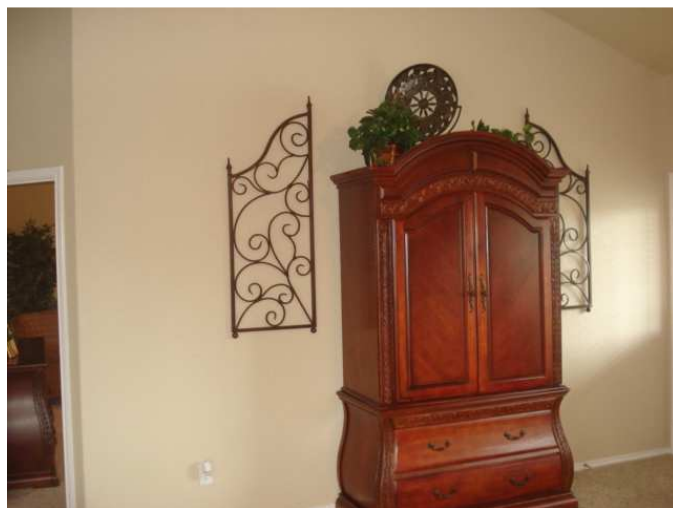
Picture #16 Living Room Wall



Picture #17 Living Room Wall



Picture #18 Living Room Wall



If no safety issues or deficiencies observed NO COMMENTS will be Made.

☐ Not Applicable/Property does not have separate Dining Room/This Section will go unused.

Dining Room	Observed	Unobserved	See Additional Pictures/Needs Further Evaluation
17. Flooring	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Walls/Paint	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Light Fixture	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Blinds/Drapes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Windows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Ceiling Fan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Outlet/Switch Covers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Picture #19 Dining Room



Picture #20 Dining Room Floor



Picture #21 Dining Room Ceiling



Picture #22 Dining Room Wall



If no safety issues or deficiencies observed NO COMMENTS will be Made.

☐ **Not Applicable/Property does not have separate Family Room/This Section will go unused.**

Family Room/Den	Observed	Unobserved	See Additional Pictures/Needs Further Evaluation
25. Flooring	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Walls/Paint	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Light Fixture	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Blinds/Drapes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Windows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Ceiling Fan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Outlet/Switch Covers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Picture #23 Family Room



Picture #24 Family Room Floor



Picture #25 Family Room Ceiling



Picture #26 Family Room Wall



Picture #27 Family Room Wall



Picture #28 Family Room Wall



If no safety issues or deficiencies observed NO COMMENTS will be Made.

Kitchen

	Observed	Unobserved	See Additional Pictures/Needs Further Evaluation
15. Flooring	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Walls/Paint	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Ceiling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Light Fixtures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Blinds/Drapes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Kitchen Counter/Back Splash	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Sink/Faucet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Cabinet Under Sink	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Garbage Disposal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Refrigerator	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Range/Oven	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Dishwasher	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Oven	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Picture #29 Kitchen



Picture # 30 Kitchen Floor



Picture #31 Sink/Faucet/Backsplash



Picture # 32 Inside Cabinet Under Sink



Picture #33 Lower Cabinets



Picture # 34 Upper Cabinets



If no safety issues or deficiencies observed NO COMMENTS will be Made.

Hallway/Stairway

28. Flooring

29. Walls/Paint

30. Light Fixture

31. Outlet/Switch Covers

32. Other

Observed

☒
☒
☒
☒
☐

Unobserved

☐
☐
☐
☐
☒

See Additional Pictures/Needs Further Evaluation

☐
☐
☐
☐
☐

Picture #35 Floor/Stairs



Picture # 36 Hall Lighting/Ceiling



If no safety issues or deficiencies observed NO COMMENTS will be Made.

Master Bedroom

	Observed	Unobserved	See Additional Pictures/Needs Further Evaluation
33. Flooring	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Walls/Paint	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Light Fixture	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Blinds/Drapes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Windows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Ceiling Fan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Outlet/Switch Covers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Picture #37 Master Bedroom



Picture # 38 Ceiling (Fan/Smoke Detector?)



Picture #39 Master Bedroom Floor



Picture # 40 Master Bedroom Wall



If no safety issues or deficiencies observed NO COMMENTS will be Made.

Master Bath	Observed	Unobserved	See Additional Pictures/Needs Further Evaluation
41. Flooring	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. Walls/Paint	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43. Ceiling/Exhaust	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. Light Fixtures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45. Blinds/Drapes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. Window	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. Sink/Faucet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48. Cabinet Under Sink	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49. Shower/Faucet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50. Tub/Faucet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51. Commode	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52. Towel Racks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53. Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Picture #41 Master Bathroom



Picture # 42 Master Bathroom Floor



Picture #43 Sink and Faucet



Picture # 44 Inside Cabinet Under Sink



If no safety issues or deficiencies observed NO COMMENTS will be Made.

☐ **Not Applicable/Property does not have a 2nd Bedroom/This Section will go unused.**

2 nd Bedroom	Observed	Unobserved	See Additional Pictures/Needs Further Evaluation
54. Flooring	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55. Walls/Paint	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56. Light Fixture	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
57. Blinds/Drapes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
58. Windows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
59. Ceiling Fan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60. Outlet/Switch Covers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
61. Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Picture #45 2nd Bedroom Full Shoot



Picture # 46 Ceiling (Fan/Smoke Detector)



If no safety issues or deficiencies observed NO COMMENTS will be Made.

☐ Not Applicable/Property does not have a 3rd Bedroom/This Section will go unused.

3rd Bedroom	Observed	Unobserved	See Additional Pictures/Needs Further Evaluation
62. Flooring	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
63. Walls/Paint	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
64. Light Fixture	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
65. Blinds/Drapes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
66. Windows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
67. Ceiling Fan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
68. Outlet/Switch Covers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
69. Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Picture #47 3rd Bedroom Full Shoot



Picture # 48 Ceiling (Fan/Smoke Detector)



If no safety issues or deficiencies observed NO COMMENTS will be Made.

☐ Not Applicable/Property does not have a 4th Bedroom /This Section will go unused.

4th Bedroom	Observed	Unobserved	See Additional Pictures/Needs Further Evaluation
70. Flooring	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
71. Walls/Paint	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
72. Light Fixture	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
73. Blinds/Drapes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
74. Windows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
75. Ceiling Fan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
76. Outlet/Switch Covers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
77. Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Picture #49 4th Bedroom Full Shoot



Picture # 50 Ceiling (Fan/Smoke Detector)



If no safety issues or deficiencies observed NO COMMENTS will be Made.

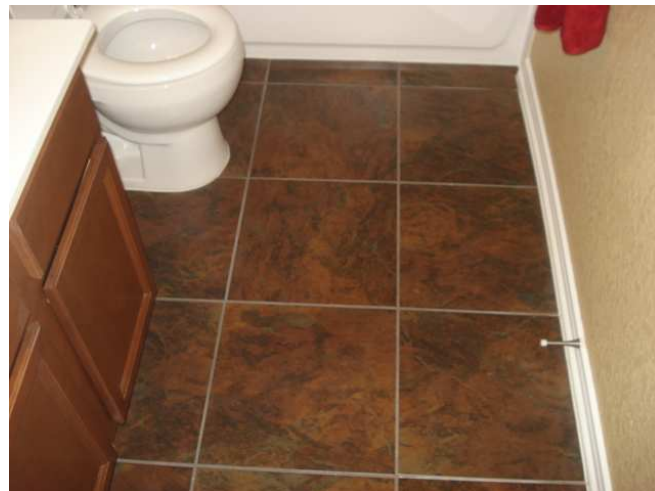
☐ **Not Applicable/Property does not have a 2nd Bathroom/This Section will go unused.**

2 nd Bathroom	Observed	Unobserved	See Additional Pictures/Needs Further Evaluation
78. Flooring	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
79. Walls/Paint	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
80. Ceiling/Exhaust	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
81. Light Fixtures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
82. Blinds/Drapes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
83. Window	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
84. Sink/Faucet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
85. Cabinet Under Sink	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
86. Shower/Faucet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
87. Tub/Faucet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
88. Commode	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
89. Towel Racks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
90. Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Picture #51 2nd Bathroom Full Shoot



Picture # 52 Bathroom Floor



Picture #53 Sink and Faucets



Picture # 54 Inside Cabinet under Sink



If no safety issues or deficiencies observed NO COMMENTS will be Made.

☐ Not Applicable/Property does not have a 3rd or Half Bath/This Section will go unused.

3 rd Bath/Half Bath	Observed	Unobserved	See Additional Pictures/Needs Further Evaluation
Flooring	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
91. Walls/Paint	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
92. Ceiling/Exhaust	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
93. Light Fixtures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
94. Blinds/Drapes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
95. Window	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
96. Sink/Faucet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
97. Cabinet Under Sink	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
98. Shower/Faucet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
100. Tub/Faucet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
101. Commode	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
102. Towel Racks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
103. Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Picture #55 3rd Bathroom Full Shoot



Picture # 56 Bathroom Floor



Picture #57 Sink and Faucets



Picture # 58 Inside Cabinet under Sink



If no safety issues or deficiencies observed NO COMMENTS will be Made.

☐ **Not Applicable/Property does not have a Utility Room/This Section will go unused.**

Utility Room	Observed	Unobserved	See Additional Pictures/Needs Further Evaluation
101. Flooring	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
102. Walls/Paint	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
103. Washer Connection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
104. Light Fixtures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
105. Blinds/Drapes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
106. Window	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
107. Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Picture #59 Utility Room



Picture # 60 Washer Connections



If no safety issues or deficiencies observed NO COMMENTS will be Made.

☒ Not Applicable/Property does not have a Garage or Carport/This Section will go unused.

Garage	Observed	Unobserved	See Additional Pictures/Needs Further Evaluation
108. Flooring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109. Walls/Paint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
110. Light Fixtures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
111. Blinds/Drapes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
112. Window	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
113. Garage Door	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
114. Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Picture #61 Garage

N/A

Picture # 62 Garage Floor

N/A

If no safety issues or deficiencies observed NO COMMENTS will be Made.

Miscellaneous	Observed	Unobserved	See Additional Pictures/Needs Further Evaluation
115. Water Heater	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
116. AC Filter	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
117. Pets On the Property	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
118. Missing/Torn Screens	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
119. Trip Hazards	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
120. Drainage Issues	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
121. Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Picture #63 Hot Water Heater



Picture # 64 A/C Filter



Picture #65 Satellite Dish on roof

N/A

Picture # 66 Missing/Torn Screen

N/A

Picture #67 Trip Hazards

N/A

Picture # 68 Drainage Issues

N/A

Interior Comments: AC filter present in grate at time of inspection, a ladder is required to reach filter; photo 64.

Additional Pictures

Picture #69



Picture # 70



Picture #71



Picture # 72

N/A

Comments: #69 Separation in grout of rear left wall partition brickwork of Rear Patio framing, vertical gutter system adjacent. #71-72 Separation in caulking along vertical edges of tile work to 2nd Bathroom shower/tub unit framing.