

EZ Preservation
 123 Main St, Java City, AK, 99999
 (40-8) -1111234

PPO - Initial Secure (989879), Sys ID 23152071
 600 main street, Hartfield VA, 23071

Job ID	989879	Product	EZ Property Preservation Form	Dispatched Date	3/28/2013	Rep Due Date	3/1/2013
Work Order #	989879	Custom		Last Grass Cut		Lot Size	
Loan Type		Loan Number		Start Date		End Date	
Client Name		Mortgagor Name		Vacancy Date		Previously Secured	
Key Code		Lock Box Code		Task #		Loan Dept	

Service Request Initial Grass Cut

Property Info - General

Property Type <input type="checkbox"/> SFR <input type="checkbox"/> Duplex <input type="checkbox"/> Triplex <input type="checkbox"/> Quadplex <input type="checkbox"/> Other Multi <input type="checkbox"/> Condo / TH <input checked="" type="checkbox"/> Vacant Lot <input type="checkbox"/> Mobile / Mfgr Home <input type="checkbox"/> Hi-Rise <input type="checkbox"/> Bad Address <input type="checkbox"/> Other	Mobile Vin# / Serial #	Mobile Size (L x W)	Mobile Make / Model
Mobile Foundation Type <input checked="" type="checkbox"/> Affixed <input checked="" type="checkbox"/> On Wheels <input checked="" type="checkbox"/> Other	Multi Unit Desc	Multi Unit # of Units <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	Correct Address
Determined By <input checked="" type="checkbox"/> Post Office <input checked="" type="checkbox"/> Tax Assessor <input checked="" type="checkbox"/> Internet Maps	Condo - Building, Floor, and/or Unit Number	Other Desc	Neighborhood Type <input checked="" type="checkbox"/> Standard <input checked="" type="checkbox"/> High Vandalism Area <input checked="" type="checkbox"/> HOA <input checked="" type="checkbox"/> Gated Community
Contact Info / Access Code	Property Occupied? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No Access	Occupancy Type <input checked="" type="checkbox"/> Owner Occupied <input checked="" type="checkbox"/> Tenant Occupied <input checked="" type="checkbox"/> Unknown Occupied <input checked="" type="checkbox"/> Partial Occupied <input checked="" type="checkbox"/> Other	Other Desc
Determined By <input checked="" type="checkbox"/> Direct Contact <input checked="" type="checkbox"/> Neighbor Confirmed <input checked="" type="checkbox"/> Visual Only <input checked="" type="checkbox"/> Other	Other Desc	Occupant Name	Occupant Ph #
Neighbor Name	Neighbor Address	Indicators <input type="checkbox"/> Utilities Active <input type="checkbox"/> Yard Maintained <input type="checkbox"/> Animals Present <input type="checkbox"/> Personals Present (Int) <input type="checkbox"/> Personals Present (Ext) <input type="checkbox"/> Vehicle Present <input type="checkbox"/> Radio/TV Noise <input type="checkbox"/> Other	Other Desc
Able to Access Interior? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Reason	Property For Sale? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Realtor Name / Company
Realtor Ph #			

Property Info - Utilities / Sump Pump / Appliances

Electric On? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Unknown	Electric Meter #	Water On? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Unknown	Water Meter #
Gas On? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Unknown	Gas Meter #	Shared Utilities <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Unknown	Shared Utility Info
Utility Transfer <input checked="" type="checkbox"/> Completed <input checked="" type="checkbox"/> Needed <input checked="" type="checkbox"/> Not Needed	Utility Needed <input type="checkbox"/> Electric <input type="checkbox"/> Water <input type="checkbox"/> Gas	Transfer Reason	Utility Company / Ph #
Sump Pump <input checked="" type="checkbox"/> Present (Operational) <input checked="" type="checkbox"/> Present (Not Operational) <input checked="" type="checkbox"/> Not Present (Required) <input checked="" type="checkbox"/> Not Present (Not Required) <input checked="" type="checkbox"/> Prop. Flooded	Flooded Area Size (total sq ft)	Flooded Area Depth (inches)	Missing Appliances <input type="checkbox"/> None Missing <input type="checkbox"/> Water Heater Missing <input type="checkbox"/> Furnace Missing <input type="checkbox"/> A/C Unit Missing <input checked="" type="checkbox"/> Stove & Refrigerator <input type="checkbox"/> Other
Other Desc			

Property Info - Securing

Securing Posting Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Garage / Outbuildings <input checked="" type="checkbox"/> Attached Garage <input type="checkbox"/> Detached Garage <input type="checkbox"/> Carport <input type="checkbox"/> Outbuilding <input type="checkbox"/> None	Other Desc	Property Secure at Arrival? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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	<input type="radio"/> Other		
Describe	Property Secure at Dept? <input checked="" type="radio"/> Yes <input type="radio"/> No	Describe	Lockbox Present? <input checked="" type="radio"/> Yes (Front Door) <input type="radio"/> Yes (Rear Door) <input type="radio"/> Yes (Other Door) <input type="radio"/> No

Property Info - Pool/Spa

Pool/Spa Present? <input type="radio"/> Yes <input checked="" type="radio"/> No	Type <input type="radio"/> In-Ground (Unsecure) <input type="radio"/> In-Ground (Secure) <input type="radio"/> Above-Ground (Unsecure) <input type="radio"/> Above-Ground (Secure) <input type="radio"/> Spa (Unsecure) <input type="radio"/> Spa (Secure)	Pool/Spa Size - L x W	Pool/Spa Water Depth - inches
How is Pool/Spa Secured? <input type="radio"/> Stretch Cover <input type="radio"/> Boarded <input type="radio"/> Locked Gate/Fence <input type="radio"/> Other	Other Desc	How Should Pool/Spa be Secured? <input type="radio"/> Stretch Cover <input type="radio"/> Board <input type="radio"/> Lock Gate/Fence <input type="radio"/> Other	Other Desc

Property Info - Damages

Property Damages (Int)? <input checked="" type="radio"/> Yes <input type="radio"/> No	Damage Location <input checked="" type="radio"/> Den / Family <input type="radio"/> Bedroom <input type="radio"/> Bathroom <input type="radio"/> Dining <input type="radio"/> Kitchen <input type="radio"/> Hall <input type="radio"/> Basement <input type="radio"/> Attic <input type="radio"/> Garage <input type="radio"/> Outbuilding <input type="radio"/> Other	Den / Family Desc mold	Bedroom Desc
Bathroom Desc	Dining Desc	Kitchen Desc	Hall Desc
Basement Desc	Attic Desc	Garage Desc	Outbuilding Desc
Other Desc	Describe <input type="radio"/> Freeze <input type="radio"/> Vandalism <input type="radio"/> Theft <input checked="" type="radio"/> Graffiti <input type="radio"/> Mortgager Abuse <input type="radio"/> Fire / Smoke <input type="radio"/> Water <input type="radio"/> Wind <input type="radio"/> Tornado <input type="radio"/> Hail <input type="radio"/> Earthquake <input type="radio"/> Hurricane <input type="radio"/> Flood <input type="radio"/> Other	Other Desc	Eyeball Estimate to Repair <input checked="" type="radio"/> \$0-\$500 <input type="radio"/> \$501-\$1,000 <input type="radio"/> \$1,001 - \$2,000 <input type="radio"/> \$2,001 - \$5,000 <input type="radio"/> Over \$5,000
Property Damages (Ext)? <input type="radio"/> Yes <input checked="" type="radio"/> No	Damage Location <input type="radio"/> Roof <input type="radio"/> Siding / Brick <input type="radio"/> Soffit / Fascia <input type="radio"/> Structural <input type="radio"/> Garage <input type="radio"/> Outbuilding <input type="radio"/> Other	Roof Desc	Siding / Brick Desc
Soffit / Fascia Desc	Structural Desc	Garage Desc	Outbuilding Desc
Other Desc	Describe <input type="radio"/> Freeze <input type="radio"/> Vandalism <input type="radio"/> Theft <input type="radio"/> Graffiti <input type="radio"/> Mortgager Abuse <input type="radio"/> Active Roof Leak <input type="radio"/> Inactive Roof Leak <input type="radio"/> Fire / Smoke <input type="radio"/> Water <input type="radio"/> Wind <input type="radio"/> Tornado <input type="radio"/> Hail <input type="radio"/> Earthquake <input type="radio"/> Hurricane <input type="radio"/> Flood <input type="radio"/> Other	Other Desc	Eyeball Estimate to Repair <input type="radio"/> \$0-\$500 <input type="radio"/> \$501-\$1,000 <input type="radio"/> \$1,001 - \$2,000 <input type="radio"/> \$2,001 - \$5,000 <input type="radio"/> Over \$5,000
Visible Evidence of Pest damage/Infestation <input checked="" type="radio"/> Yes <input type="radio"/> No	Type of Pest <input type="radio"/> WDO <input type="radio"/> Rodent <input type="radio"/> Other	Other Desc	Treatment Completed <input type="radio"/> Yes <input checked="" type="radio"/> No
Reason for Not Completing			

Property Info – Hazards

Mold Area Source(s) <input type="radio"/> Active Roof Leak <input type="radio"/> Inactive Roof Leak <input type="radio"/> Freeze <input type="radio"/> Plumbing Damage <input type="radio"/> Open to Weather <input type="radio"/> Inactive Sump Pump <input type="radio"/> Missing Sump Pump <input type="radio"/> Flooded Property <input type="radio"/> Poor Drainage <input checked="" type="radio"/> Other	Other Desc fjff	Mold Area Size(s) 10x10	Mold Present? <input checked="" type="radio"/> Yes <input type="radio"/> No
Mold Location <input checked="" type="radio"/> Den / Family <input type="radio"/> Bedroom	Other Desc	Misc Hazards <input type="radio"/> Yes <input checked="" type="radio"/> No	Work Completed <input type="radio"/> Yes <input checked="" type="radio"/> No

<input type="radio"/> Bathroom <input type="radio"/> Dining <input type="radio"/> Kitchen			
<input type="radio"/> Hall <input type="radio"/> Basement <input type="radio"/> Attic			
<input type="radio"/> Garage <input type="radio"/> Outbuilding <input type="radio"/> Other			
Reason Not Completed	Deteriorating Paint <input checked="" type="radio"/> Exterior <input type="radio"/> Interior	Locations side	Additional Comments

Property Info - Violations & CC Status

Violations/Notices Present? <input type="radio"/> Yes <input checked="" type="radio"/> No	Posted By	Contact Info	Posted Date
Required Cure Date	Reason for Violation/Notice	Property in CC? <input checked="" type="radio"/> Yes <input type="radio"/> No	Describe
Other Property Information Section Comments hdflaksdj			

Property Info – Systems Functionality

System Functionalities Required? <input type="radio"/> Yes <input checked="" type="radio"/> No	Cooling/Air-Conditioner <input type="radio"/> Damaged <input type="radio"/> Missing <input type="radio"/> N/A <input type="radio"/> OK	Is HVAC tested and functional? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	Cooling Notes
Heating/Furnace <input type="radio"/> Damaged <input type="radio"/> Missing <input type="radio"/> N/A <input type="radio"/> OK	Heating Notes	HVAC System duct <input type="radio"/> Damaged <input type="radio"/> Missing <input type="radio"/> N/A <input type="radio"/> OK	HVAC System duct Notes
Electrical Wirings <input type="radio"/> Damaged <input type="radio"/> Missing <input type="radio"/> N/A <input type="radio"/> OK	Other <input type="radio"/> Damaged <input type="radio"/> Missing <input type="radio"/> N/A <input type="radio"/> OK	Other <input type="radio"/> Damaged <input type="radio"/> Missing <input type="radio"/> N/A <input type="radio"/> OK	Is Electric supply tested and functional <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
Electrical Wirings Notes	Stove/Range/Oven <input type="radio"/> Damaged <input type="radio"/> Missing <input type="radio"/> N/A <input type="radio"/> OK	Are built-in appliances tested and functional <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	Stove Notes
Kitchen Cabinets <input type="radio"/> Damaged <input type="radio"/> Missing <input type="radio"/> N/A <input type="radio"/> OK	Kitchen Cabinets <input type="radio"/> Damaged <input type="radio"/> Missing <input type="radio"/> N/A <input type="radio"/> OK	Kitchen Notes	Water Heater <input type="radio"/> Damaged <input type="radio"/> Missing <input type="radio"/> N/A <input type="radio"/> OK
Is the water heater functional <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	Water Notes	Sewer/Septic System <input type="radio"/> Damaged <input type="radio"/> Missing <input type="radio"/> N/A <input type="radio"/> OK	Toilet <input type="radio"/> Damaged <input type="radio"/> Missing <input type="radio"/> N/A <input type="radio"/> OK
Other <input type="radio"/> Damaged <input type="radio"/> Missing <input type="radio"/> N/A <input type="radio"/> OK	Sanitary & Plumbing system functional <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	Sewer Notes	Roof <input type="radio"/> Damaged <input type="radio"/> Missing <input type="radio"/> N/A <input type="radio"/> OK
Other <input type="radio"/> Damaged <input type="radio"/> Missing <input type="radio"/> N/A <input type="radio"/> OK	Is roofing in acceptable <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	Roof Notes	Plumbing Notes
Plumbing <input type="radio"/> Damaged <input type="radio"/> Missing <input type="radio"/> N/A <input type="radio"/> OK	Sink <input type="radio"/> Damaged <input type="radio"/> Missing <input type="radio"/> N/A <input type="radio"/> OK	Other <input type="radio"/> Damaged <input type="radio"/> Missing <input type="radio"/> N/A <input type="radio"/> OK	Is Water supply tested and functional <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A

Work Completion Info

Trip Charge Only <input type="radio"/> Yes <input checked="" type="radio"/> No	Reason <input type="radio"/> Bid Only <input type="radio"/> Conveyed <input type="radio"/> Occupied <input type="radio"/> Other	Other Desc	
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Work Completion - Lockwork

Lockwork <input checked="" type="radio"/> Completed <input type="radio"/> Needed <input type="radio"/> Not Needed <input type="radio"/> Not Ordered	If Requested and Not Completed, Reason	BACFSC SACC Auth Required? <input type="radio"/> Yes <input type="radio"/> No	SACC Contacted Date 06/05/2013
SACC Contacted Time 12:00 am	SACC Emp Name gdfkgsjksldjflk	SACC Auth / Denial Code 6546546546	# of Lock(s) Completed <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10
Lockbox Installed? <input type="radio"/> Yes <input type="radio"/> No	Lockbox Code 1234	Location <input type="radio"/> Front <input type="radio"/> Rear <input type="radio"/> Side <input type="radio"/> Other	Other Desc
Lockwork Needed <input type="radio"/> Knob <input type="radio"/> Lock & Deadbolt <input type="radio"/> Deadbolt <input type="radio"/> Padlock <input type="radio"/> Padlock & Hasp <input type="radio"/> Slide Lock (Pair) <input type="radio"/> Window Lock <input type="radio"/> Lockbox <input type="radio"/> Other	Other Desc		

Work Completion - Boarding/Reglazing/Repair

Boarding <input type="radio"/> Completed <input type="radio"/> Needed <input checked="" type="radio"/> Not Needed <input type="radio"/> Not Ordered	If Requested and Not Completed, Reason	# of Openings <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10	Reglazing / Repair <input type="radio"/> Completed <input type="radio"/> Needed <input checked="" type="radio"/> Not Needed <input type="radio"/> Not Ordered
If Requested and Not Completed, Reason	# of Openings <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6		

Work Completion - Winterization

Winterization <input checked="" type="radio"/> Completed <input type="radio"/> Needed <input type="radio"/> Not Needed <input type="radio"/> Not Ordered	If Requested and Not Completed, Reason <input type="radio"/> Out of Season <input type="radio"/> Previous Intact <input type="radio"/> Frozen <input type="radio"/> Plumbing Missing/Damaged <input type="radio"/> Other	Other Desc	Type <input type="radio"/> Dry <input type="radio"/> Wet <input type="radio"/> Steam <input type="radio"/> Radiant
Water Shut-Off <input type="radio"/> Meter <input type="radio"/> Main <input type="radio"/> Street <input type="radio"/> Other	Other Desc	Held Pressure? <input type="radio"/> Yes <input type="radio"/> No	If No, Reason
Obvious Damage <input type="radio"/> Yes <input type="radio"/> No	Describe Damages	Type <input type="radio"/> Dry <input type="radio"/> Wet <input type="radio"/> Steam <input type="radio"/> Radiant <input type="radio"/> Other	Other Desc

Work Completion - Yard Maintenance

Yard Maintenance <input checked="" type="radio"/> Completed <input type="radio"/> Needed <input type="radio"/> Not Needed <input type="radio"/> Not Ordered	If Requested and Not Completed, Select Reason <input type="radio"/> Out of Season <input type="radio"/> O/A Height <input type="radio"/> O/A Lot Size <input type="radio"/> No Access <input type="radio"/> Desert Landscaping <input type="radio"/> Excessive Debris <input type="radio"/> Other	Other Desc	Yard Maintenance Needed <input type="radio"/> Grass Cut <input type="radio"/> Tree/Shrub Trimming <input type="radio"/> Snow Removal <input type="radio"/> Other
Other Desc	Maint Type <input checked="" type="radio"/> Grass Cut <input type="radio"/> Tree/Shrub Trimming <input type="radio"/> Snow Removal <input type="radio"/> Other	Other Desc	Grass Cut Type <input type="radio"/> Initial (Full Lot) <input type="radio"/> Initial (Perimeter) <input type="radio"/> Recut (Full Lot) <input type="radio"/> Recut (Perimeter)
Completed Per <input type="radio"/> Allowable <input type="radio"/> O/A Bid Approval	Grass Pre-Cut Height (inches) 6	Full Lot Size (L) 1200	Full Lot Size (W) 1200
Full Lot Size (calculated) 1440000	Perimeter Lot Size (L)	Perimeter Lot Size (W)	Perimeter Lot Size (calculated)
Tree / Shrub Quantity	Tree / Shrub Size	Estimated Trimmings (cyds)	Snow Removal Area Size
Snow Removal Depth (in)			

Work Completion - Debris

Debris Removal <input type="radio"/> Completed <input type="radio"/> Needed <input type="radio"/> Not Needed <input checked="" type="radio"/> Not Ordered	If Requested and Not Completed, Explain	Debris Type <input type="radio"/> Interior <input type="radio"/> Exterior <input type="radio"/> Personal Property <input type="radio"/> Hazards <input type="radio"/> Vehicle <input type="radio"/> Other Debris	Debris Removal Needed <input type="radio"/> Interior <input type="radio"/> Exterior <input type="radio"/> Personal Property <input type="radio"/> Hazards <input type="radio"/> Vehicle <input type="radio"/> Other Debris
Int Debris Total (cyd)	Int Debris Desc	Ext Debris Total (cyd)	Ext Debris Desc
Personal Prop Total (cyd)	Personal Prop Desc	Hazards Total (cyd/quan)	Hazards Desc
Vehicle Total (quan)	Vehicle Desc / Vin	Other Debris Total (cyd/quan)	Other Debris Desc

Work Completion - Roof Repair

Roof Repair <input type="radio"/> Completed <input type="radio"/> Needed <input type="radio"/> Not Needed <input checked="" type="radio"/> Not Ordered	If Requested and Not Completed, Explain	Roof Repair Needed <input type="radio"/> Tarp <input type="radio"/> Patch <input type="radio"/> Full Layover <input type="radio"/> Full Tear-Off / Replace <input type="radio"/> Sealing/Coating <input type="radio"/> Vent Repair/Replace <input type="radio"/> Other	Other Desc
Roof Repair Size	Roof Repair Details	# of Repairs Completed <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	

Work Completion - Pool/Spa

Pool Work <input type="radio"/> Completed <input type="radio"/> Needed <input type="radio"/> Not Needed <input checked="" type="radio"/> Not Ordered	If Requested and Not Completed, Explain	Pool Work Type <input type="radio"/> Covered <input type="radio"/> Boarded <input type="radio"/> Drained <input type="radio"/> Shocked <input type="radio"/> Cleaned <input type="radio"/> Removed <input type="radio"/> Other	Covered Desc
Boarded Desc	Drained Desc	Shocked Desc	Cleaned Desc
Removed Desc	Other Desc		

Work Completion - Eviction Services

Eviction Services Completed? <input type="radio"/> Yes <input checked="" type="radio"/> No	If Requested, Explain	Eviction Results <input type="radio"/> Completed (Vacant) <input type="radio"/> Completed (Occupied) <input type="radio"/> Sheriff Cancelled <input type="radio"/> Sheriff	Other Desc
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		Not Present <input type="checkbox"/> Other <input type="checkbox"/>	
Eviction Form Completed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If No, Explain	Sheriff Name	Sheriff Badge #
# Crew Members <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10	Eviction Start Time <input type="checkbox"/> 8:00am <input type="checkbox"/> 8:30am <input type="checkbox"/> 9:00am <input type="checkbox"/> 9:30am <input type="checkbox"/> 10:00am <input type="checkbox"/> 10:30am <input type="checkbox"/> 11:00am <input type="checkbox"/> 11:30am <input type="checkbox"/> 12:00pm <input type="checkbox"/> 12:30pm <input type="checkbox"/> 1:00pm <input type="checkbox"/> 1:30pm <input type="checkbox"/> 2:00pm <input type="checkbox"/> 2:30pm <input type="checkbox"/> 3:00pm <input type="checkbox"/> 3:30pm <input type="checkbox"/> 4:00pm <input type="checkbox"/> 4:30pm <input type="checkbox"/> 5:00pm <input type="checkbox"/> 5:30pm <input type="checkbox"/> 6:00pm <input type="checkbox"/> 6:30pm <input type="checkbox"/> 7:00pm <input type="checkbox"/> 7:30pm <input type="checkbox"/> 8:00pm <input type="checkbox"/> 8:30pm <input type="checkbox"/> 9:00pm <input type="checkbox"/> 9:30pm <input type="checkbox"/> 10:00pm	Eviction Stop Time <input type="checkbox"/> 8:00am <input type="checkbox"/> 8:30am <input type="checkbox"/> 9:00am <input type="checkbox"/> 9:30am <input type="checkbox"/> 10:00am <input type="checkbox"/> 10:30am <input type="checkbox"/> 11:00am <input type="checkbox"/> 11:30am <input type="checkbox"/> 12:00pm <input type="checkbox"/> 12:30pm <input type="checkbox"/> 1:00pm <input type="checkbox"/> 1:30pm <input type="checkbox"/> 2:00pm <input type="checkbox"/> 2:30pm <input type="checkbox"/> 3:00pm <input type="checkbox"/> 3:30pm <input type="checkbox"/> 4:00pm <input type="checkbox"/> 4:30pm <input type="checkbox"/> 5:00pm <input type="checkbox"/> 5:30pm <input type="checkbox"/> 6:00pm <input type="checkbox"/> 6:30pm <input type="checkbox"/> 7:00pm <input type="checkbox"/> 7:30pm <input type="checkbox"/> 8:00pm <input type="checkbox"/> 8:30pm <input type="checkbox"/> 9:00pm <input type="checkbox"/> 9:30pm <input type="checkbox"/> 10:00pm	Total Man Hours 0
Personals Removed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Removed Total (cyd)	Moved to <input type="checkbox"/> Curb <input type="checkbox"/> Storage Facility <input type="checkbox"/> Disposed <input type="checkbox"/> Other	Storage Facility Name
Storage Facility Ph	Other Desc	Other Eviction Work Completed?	

Work Completion - Allow Access

Allow Access Completed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Requested, Explain	Access Start Time <input type="checkbox"/> 8:00am <input type="checkbox"/> 8:30am <input type="checkbox"/> 9:00am <input type="checkbox"/> 9:30am <input type="checkbox"/> 10:00am <input type="checkbox"/> 10:30am <input type="checkbox"/> 11:00am <input type="checkbox"/> 11:30am <input type="checkbox"/> 12:00pm <input type="checkbox"/> 12:30pm <input type="checkbox"/> 1:00pm <input type="checkbox"/> 1:30pm <input type="checkbox"/> 2:00pm <input type="checkbox"/> 2:30pm <input type="checkbox"/> 3:00pm <input type="checkbox"/> 3:30pm <input type="checkbox"/> 4:00pm <input type="checkbox"/> 4:30pm <input type="checkbox"/> 5:00pm <input type="checkbox"/> 5:30pm <input type="checkbox"/> 6:00pm <input type="checkbox"/> 6:30pm <input type="checkbox"/> 7:00pm <input type="checkbox"/> 7:30pm <input type="checkbox"/> 8:00pm <input type="checkbox"/> 8:30pm <input type="checkbox"/> 9:00pm <input type="checkbox"/> 9:30pm <input type="checkbox"/> 10:00pm	Access Stop Time <input type="checkbox"/> 8:00am <input type="checkbox"/> 8:30am <input type="checkbox"/> 9:00am <input type="checkbox"/> 9:30am <input type="checkbox"/> 10:00am <input type="checkbox"/> 10:30am <input type="checkbox"/> 11:00am <input type="checkbox"/> 11:30am <input type="checkbox"/> 12:00pm <input type="checkbox"/> 12:30pm <input type="checkbox"/> 1:00pm <input type="checkbox"/> 1:30pm <input type="checkbox"/> 2:00pm <input type="checkbox"/> 2:30pm <input type="checkbox"/> 3:00pm <input type="checkbox"/> 3:30pm <input type="checkbox"/> 4:00pm <input type="checkbox"/> 4:30pm <input type="checkbox"/> 5:00pm <input type="checkbox"/> 5:30pm <input type="checkbox"/> 6:00pm <input type="checkbox"/> 6:30pm <input type="checkbox"/> 7:00pm <input type="checkbox"/> 7:30pm <input type="checkbox"/> 8:00pm <input type="checkbox"/> 8:30pm <input type="checkbox"/> 9:00pm <input type="checkbox"/> 9:30pm <input type="checkbox"/> 10:00pm
Total Access Hours 0	Access Granted To		

Work Completion - Damage Report

Damage Report Completed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Requested, Explain	Damage Report Total	Repair Needed <input type="checkbox"/> Missing handrails <input type="checkbox"/> Capping of open gas or water lines <input type="checkbox"/> Installing dryer vent cover <input type="checkbox"/> Capping of bare wires <input type="checkbox"/> Extermination <input type="checkbox"/> Graffiti presence <input type="checkbox"/> Trip hazard <input type="checkbox"/> Demolition needed <input type="checkbox"/> Decorative pond removal <input type="checkbox"/> Cleaning of moldy/mildewed refrigerator <input type="checkbox"/> Removal of satellite dish from roof
Damage Reason(s)			

Work Completion - Other

Other Work Completed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Other Work Completed Details / Comments?		
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Lock(s) Completed

Lock Type <input type="checkbox"/> Knob <input checked="" type="checkbox"/> Deadbolt <input type="checkbox"/> Padlock <input type="checkbox"/> Padlock & Hasp <input type="checkbox"/> Slide Lock (Pair) <input type="checkbox"/> Window Lock	Location <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> Side <input type="checkbox"/> Garage Man <input type="checkbox"/> Garage O/H <input type="checkbox"/> Outbuilding <input type="checkbox"/> Crawlspace <input type="checkbox"/> Fence/Gate <input type="checkbox"/> Other Door / Gate	Keycode <input checked="" type="checkbox"/> A389 <input type="checkbox"/> 11635 <input type="checkbox"/> 22435 <input type="checkbox"/> 33535 <input type="checkbox"/> 35241 <input type="checkbox"/> 44535 <input type="checkbox"/> 44635 <input type="checkbox"/> 55535 <input type="checkbox"/> 66435 <input type="checkbox"/> 66767 <input type="checkbox"/> Other <input type="checkbox"/> N/A	Other Desc
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Dump Receipt

Tax ID	BILL TO	Dump Site Phone #	Site street address
Site City	Site State	Site Zip	Date Dumped1
Description1	Quantity1		Date Dumped2
Description2	Quantity2		Date Dumped3
Description3	Quantity3		Date Dumped4
Description4	Quantity4		Date Dumped5
Description5	Quantity5	Dump Site	Date

Additional Comments

Note	
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989879 - 003



989879 - 014



989879 - 016



989879 - 018



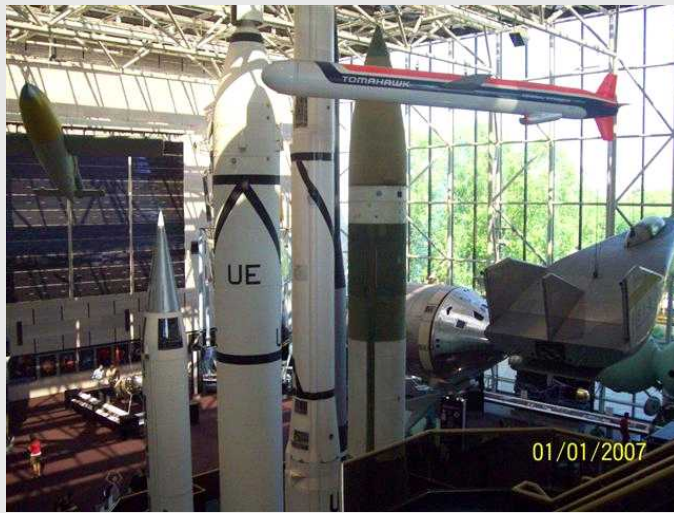
989879 - 017



989879 - 019



989879 - 020



989879 - 005



989879 - 007



989879 - 021



989879 - 002

[BID-RPT-989879-Bid-be650.pdf](#)