

CASA REQUENA II WATER DAMAGE RESOLUTION INSPECTION FORM

The below items must be submitted with this form:

- Certificate of Insurance
- Date the unit was inspected by a licensed plumber or self-inspected, please provide receipts for any plumber inspections
- I confirm each toilet has steel-braided toilet tank fill hoses w/steel connectors and valve shutoffs at the wall. Initials _____
- I confirm that copper or steel-braided tubing is on ice maker refrigerators. Initials _____
- I confirm that steel-braided hoses with steel connectors and valve shutoffs are at the wall connecting any and all bathroom or kitchen sink(s) to its water supply. Initials _____
- I confirm that copper or steel-braided hoses with steel connectors are on any and all dishwasher water connections. Initials _____
- I confirm that copper or steel-braided hoses with steel connectors are on any and all water heater connections. Initials _____
- I confirm I have a ball valve water shut-off inside my unit. Initials _____

Please answer the following questions:

What is your unit #? _____

How old is your water heater? _____

Are you a full-time resident of the unit? YES NO

If the above answer is NO, do you rent the unit on a full or part time basis? YES NO

If the above answer is NO, how many and which months do you occupy the unit?

If the above answer is YES how many months do you rent the unit and how many months do you occupy the unit? _____

Please provide an emergency contact person with appropriate contact information including telephone number: _____

Name of Unit Owner _____ Unit# _____

Signature _____ Date _____