

**GRISWOLD REAL ESTATE MANAGEMENT, INC.**  
**PROPERTY TAKEOVER CHECKLIST**  
**FOR SMALL RESIDENTIAL PROPERTY**

Takeover Date: \_\_\_\_\_

Property Name: \_\_\_\_\_

1) Is there a Resident Manager? Y/N Unit # \_\_\_\_\_  
If so, Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

2) Is there an office on property? Y/N  
If so, Address of Office/Unit # and Phone #  
\_\_\_\_\_

3) Number of units: \_\_\_\_\_ Unit mix: 1/1: \_\_\_\_\_ Sq. Footage: \_\_\_\_\_  
2/1: \_\_\_\_\_ Sq. Footage: \_\_\_\_\_  
2/2: \_\_\_\_\_ Sq. Footage: \_\_\_\_\_  
3/2: \_\_\_\_\_ Sq. Footage: \_\_\_\_\_

4) Is the property: Commercial: \_\_\_\_\_ Residential: \_\_\_\_\_

5) Street Address of units: \_\_\_\_\_ Zip: \_\_\_\_\_

6) Is there a former management company? Y/N  
If so, provide following information:

Management Co. Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

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

Phone #: \_\_\_\_\_

7) Owner's Name: \_\_\_\_\_

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

Phone #: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Federal Taxpayer I.D.#: \_\_\_\_\_ S.S.#: \_\_\_\_\_

8) **Is the property in Receivership?** Y/N

If so, provide the following information:

Bank Name: \_\_\_\_\_

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

Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Attorney Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Personal Inventory List: \_\_\_\_\_ Y/N

Oath and Bond to be filed: Date: \_\_\_\_\_ Y/N

9) **Is the property insured?** Y/N

If so, provide following information:

Insurance Company Name: \_\_\_\_\_

Agent's Name: \_\_\_\_\_

Agent's Phone #: \_\_\_\_\_

**Following information required:**

Year built?: \_\_\_\_\_

Type construction?: \_\_\_\_\_

Type roof?: \_\_\_\_\_

No. of building(s)?: \_\_\_\_\_

No. of stories in each building?: \_\_\_\_\_

Do building(s) have interior sprinklers?: \_\_\_\_\_

No. of pools and spas?: \_\_\_\_\_

Square footage of each unit type?: \_\_\_\_\_

No. of Carports?: \_\_\_\_\_ Attached or detached?: \_\_\_\_\_

No. of garages?: \_\_\_\_\_ Attached or detached?: \_\_\_\_\_

**Vendor Information:**

Name & No. of Electric Company?: \_\_\_\_\_

Paid by: \_\_\_\_\_

Name & No. of Gas Company?: \_\_\_\_\_

Paid by: \_\_\_\_\_

Name & No. of Phone Company?: \_\_\_\_\_

Paid by: \_\_\_\_\_

Name & No. of Water Company?: \_\_\_\_\_

Paid by: \_\_\_\_\_

Name & No. of Trash Removal Company?: \_\_\_\_\_

Paid by: \_\_\_\_\_

Name & No. of Laundry Company?: \_\_\_\_\_

Paid by: \_\_\_\_\_

Name & No. of Vending Company?: \_\_\_\_\_

Paid by: \_\_\_\_\_

Name & No. of Mortgage Company?: \_\_\_\_\_

Paid by: \_\_\_\_\_

Name & No. of Homeowners' Association?: \_\_\_\_\_

Paid by: \_\_\_\_\_

Where should vendor bills be sent?: \_\_\_\_\_

\_\_\_\_\_

Where should utility bills be sent?: \_\_\_\_\_

\_\_\_\_\_

Credit Screening: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Home Depot Opened: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Lockbox Delivered: \_\_\_\_\_ Sign Delivered: \_\_\_\_\_  
Continuity of Service Agreement: Y/N Completed: \_\_\_\_\_  
Additional Insured: \_\_\_\_\_ Health Dept.: \_\_\_\_\_  
State Tax Collector: \_\_\_\_\_

\*\* NOTES: