

American Home Care Services Worksheet By: _____ Date: ___/___/200__

ADDRESS: _____ IN: ___:___ A/P M - Out: ___:___ A/P M

OWNER(S)/CUSTOMER: _____ Acc. No: _____

Monthly Services \$65.00 (plus \$35 each add'l inspection/visit requested or requ'd): \$_____.

- Receive visitors and release keys to visitors _____
- Empty post box – service call at the frequency you request _____
- Post-storm inspection _____
- Inspect for forced entry and vandalism _____
- Secure doors and window _____
- #Check fire/smoke detector(s) operation _____
- Check faucet leaks _____
- Flush toilets _____
- Inspect A/C handler _____
- *Change A/C filters (3-month interval) _____
- *Replace light bulbs _____
- Inspect water heater _____
- Inspect electric service panel _____
- *Check for HOA/COA/Legal requirements _____

*Other Services (cost of the materials, labor and service plus a 10% overhead charge)

- Establish computer based inventory _____ \$_____.
- Storm shutters closed and/or installed (not related to pending hurricane) _____ \$_____.
- Moving, storage and/or delivery companies to receive and manage _____ \$_____.
- Purchasing furnishing/general housing needs – as needed _____ \$_____.
- Pool and/or hot tub maintenance – we have reliable service company _____ \$_____.
- Garden – tree and shrub trimming, planting bed maintenance, and lawn care _____ \$_____.
- Air-conditioning – Several competent local contractors _____ \$_____.
- Hurricane preparation – very difficult, however, addressable _____ \$_____.
- Cleaning/laundry (bedding / towels) _____ \$_____.
- Bug spraying – combination of herbicides, pesticides, fertilizers for trees, shrubs and grass _____ \$_____.
- Sprinkler maintenance, pool pump, irrigation pump/equipment _____ \$_____.
- Alarm/telecoms/police/emergencies calls and visits to property (Additional \$50 off hours) _____ \$_____.
- Utilities – typically, we do not place utilities in our own name-use our mailing address only. _____ \$_____.
- General simple maintenance –general, appliance, sprinkler, maintenance service providers _____ \$_____.
- Small appliance purchase and delivery _____ \$_____.
- Pressure washing of house, driveway(s) and deck(s) _____ \$_____.
- Scheduling carpet and upholstery cleaning _____ \$_____.
- Receiving security systems alarm incidents (Additional \$50 off hours) _____ \$_____.
- *Replace light bulbs _____ \$_____.
- *Replace A/C filters (4-month interval) _____ \$_____.

Other Service Notes: _____ \$_____.

_____ \$_____.

_____ \$_____.

_____ \$_____.

_____ \$_____.

_____ \$_____.

Charges (only for additional services, labor, and/or purchases/provide receipts/invoices): \$_____.

Provide invoices w/time-in/time-out for everything except inspection. **Separate inv. for your inspection. TOTALS:** \$_____.

Please enter notes and specific charges; i.e., cost of filters, chg. time required to pick-up items, & other helpful information.

Use of services form requires an executed Services Property Management Agreement w/American Property Management, LLC