

THE RIDGES

Brook Ridge _____ Beckett Ridge _____

Pre-Settlement Walk-Thru

Homeowner _____

New Home Phone _____

Walk-Thru Date and Time _____

Address _____

Work Phone _____

Scheduled Settlement Date _____

E-mail Address _____

Fax # _____

Location	Description	Assign To	Date Complete	Owner Initial
Foyer				
Den				
Living Room				
Dining Room				
Kitchen				
Family Room				
Laundry Room				

Homeowner Signature _____

Date _____

Construction Supervisor Signature _____

name

address

Location	Description	Assign To	Date Complete	Owner Initial
Hallway				
Hall Bathroom				
Master Bedroom				
Master Bathroom				
Master Bedroom 2				
Master Bathroom 2				
Powder Room				
Bedroom 3				
Exterior				
Other				

Homeowner Signature

Date

Construction Supervisor Signature

THE RIDGES

Brook Ridge _____ Beckett Ridge _____

60 Day Service

Homeowner _____ Home Phone _____ Walk-Thru Date and Time N/A

Address _____ Work Phone _____ Work - Date and Time _____

Original Settlement Date _____ Fax Number _____ E-Mail Address _____

Location	Description	Assign To	Date Complete	Owner Initial
Foyer				
Den				
Living Room				
Dining Room				
Kitchen				
Family Room				
Laundry Room				

Homeowner Signature _____ Date _____

Construction Supervisor Signature _____

_____ name

_____ address

Location	Description	Assign To	Date Complete	Owner Initial
Hallway				
Hall Bathroom				
Master Bedroom				
Master Bathroom				
Master Bedroom 2				
Master Bathroom 2				
Powder Room				
Bedroom 3				
Exterior				
Other				

_____ Homeowner Signature

_____ Date

_____ Construction Supervisor Signature

THE RIDGES

Brook Ridge _____ Beckett Ridge _____

11 Month Service

Homeowner _____

Home Phone _____

Walk-Thru Date and Time _____

Address _____

Work Phone _____

Work - Date and Time _____

Original Settlement Date _____

Fax Number _____

E-Mail Address _____

Location	Description	Assign To	Date Complete	Owner Initial
Foyer				
Den				
Living Room				
Dining Room				
Kitchen				
Family Room				
Laundry Room				

Homeowner Signature _____ Date _____

Construction Supervisor Signature _____

_____ name

_____ address

Location	Description	Assign To	Date Complete	Owner Initial
Hallway				
Hall Bathroom				
Master Bedroom				
Master Bathroom				
Master Bedroom 2				
Master Bathroom 2				
Powder Room				
Bedroom 3				
Exterior				
Other				

_____ Homeowner Signature

_____ Date

_____ Construction Supervisor Signature