

CLOSING / OPENING UNIT CHECKLIST

Dear Shareholders:

In an effort to improve the plumbing procedures for both closing the co-ops in the Fall and opening them in the Spring, kindly complete the blank portions of this form. Leave the pink copy attached to your refrigerator or prominently displayed in your kitchen area for the plumber and maintenance staff's reference during the water-off and water-on processes. Return the white and yellow copies to the site office located beneath unit # 156 on Harbor Walk. Should you have any questions concerning this form, kindly call the site office. Be sure to include the date you plan to close for the season.

Shareholder Name: _____ Co-op # _____

Date You Plan to Close for the Season: _____ Bidg # _____

Check all of the items that apply to your Apartment:

<input type="checkbox"/> Kitchen Sink	<input type="checkbox"/> 1 st Bathroom shower	<input type="checkbox"/> Hot water heater
<input type="checkbox"/> Take-apart faucet	<input type="checkbox"/> Take-apart shower	<input type="checkbox"/> Exterior hose bib (faucet)
<input type="checkbox"/> Kitchen sink hand held sprayer	<input type="checkbox"/> Extra shower valves	<input type="checkbox"/> Outdoor deck shower
<input type="checkbox"/> Water filter in sink	<input type="checkbox"/> 2 nd Bathroom sink	<input type="checkbox"/> Downstairs bathroom ceiling drains
<input type="checkbox"/> Kitchen sink insta-hot water	<input type="checkbox"/> Take-apart faucet	<input type="checkbox"/> Shower hand-held sprayers
<input type="checkbox"/> Refrigerator	<input type="checkbox"/> 2 nd Bathroom toilet	<input type="checkbox"/> Extra shower heads
<input type="checkbox"/> Ice-maker in fridge	<input type="checkbox"/> Toilet take-apart water supply	<input type="checkbox"/> Extra shower valves
<input type="checkbox"/> Water filter in fridge	<input type="checkbox"/> 2 nd Bathroom shower	<input type="checkbox"/> Clothes washing machine
<input type="checkbox"/> Dish washer	<input type="checkbox"/> Take-apart shower	<input type="checkbox"/> Garbage disposal
<input type="checkbox"/> Bathroom sink	<input type="checkbox"/> Toilet bowl	<input type="checkbox"/> 2 nd Hot water heater
<input type="checkbox"/> Take-apart faucet	<input type="checkbox"/> Toilet take-apart water supply	
<input type="checkbox"/> Other: please specify _____		

Plumber's Signature _____

Dated _____

Site Manager's Signature _____

Dated _____

WHITE: FILE COPY
kp/form updated & revised 3/2004

YELLOW: OFFICE COPY

PINK: SHAREHOLDER COPY