

Renters Information:

Rental Address:	
Renters Name:	
Renters Email:	
Renters Phone #:	
Arrival Date:	
Departure Date:	

Guest Names:

Frist Name	Last Name

Number of Children (12 years and younger):	
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Owner Checklist:

Smoke Alarms Tested After Checkout
<ul style="list-style-type: none"> • <input type="checkbox"/> Yes <input type="checkbox"/> No • Date: _____

Carbon Monoxide Tested After Checkout
<ul style="list-style-type: none"> • <input type="checkbox"/> Yes <input type="checkbox"/> No • Date: _____

Renters Code of Conduct Signed and Obtained
<ul style="list-style-type: none"> • <input type="checkbox"/> Yes <input type="checkbox"/> No • Date: _____