

THIS FORM MUST BE RETURNED TO DANIELS REALTY BY 12PM THE NEXT DAY FOLLOWING CHECK IN. FAILURE TO REPORT AND RETURN ON TIME WILL DELAY ANY SERVICES RENDERED TO YOU AND YOU WILL BE HELD RESPONSIBLE FOR ANY DAMAGES



Tenant Inspection Report
Daniels Realty
www.DanielsDiamond.com

We strive to maintain the highest quality vacation experience for our guests. Would you take a minute to evaluate your visit by completing this survey? Please be sure to return this form to Daniels Realty by 12:00 PM. on the day following your check-in. Do NOT wait until the day of your departure to report these problems.

Tenant Name: _____ Tenant Cell Phone Number: _____

Property Address: _____

I would recommend this vacation home to my friends?

Strongly agree ___ Agree ___ Disagree ___ Strongly Disagree ___

The home was clean and comfortable?

Strongly agree ___ Agree ___ Disagree ___ Strongly Disagree ___

The home was furnished properly?

Strongly agree ___ Agree ___ Disagree ___ Strongly Disagree ___

Beds and bedding were comfortable?

Strongly agree ___ Agree ___ Disagree ___ Strongly Disagree ___

Pool area was excellent? (if applicable)

Strongly agree ___ Agree ___ Disagree ___ Strongly Disagree ___

***Please note that the **refrigerator** will be clean and empty. Placing your personal food that may have warmed since the time you purchased it will cause the refrigerator to work very hard. You can determine if the refrigerator is working by checking the freezer. If the freezer is working, it may take a while for the refrigerator to catch up. This process could take several hours. If the freezer is not working call our office so we can notify the property owner. ***

*****Air Conditioners put below 68 degrees will freeze. Please give the unit appropriate time to cool*****

Was the WiFi posted in an area easily visible? Yes ___ No ___

Everything in the home was in working order? Yes ___ No ___

Were the correct number of beach and pool tags (if applicable) in the home? Yes ___ No ___
If you selected "no," please describe

We would return to this home in the future?

Strongly agree ___ Agree ___ Disagree ___ Strongly Disagree ___

What did you like best? _____

How can we do better? _____

Additional comments?

Thank you for taking a moment to fill out this report. It greatly assists us in making sure your accommodations are in the proper condition, making your stay with us an enjoyable one.

Upon completion, PLEASE RETURN THIS FORM TO OUR OFFICE BY 12PM on the day following your check-in to make sure that you won't incur penalty charges from damages and problems that are not your fault.

Should you have any questions or need assistance during your stay, please call our office at **609-522-7748**.

For Office Use Only:

RECEIVED BY: _____ DATE: _____

WAS SERVICE NEEDED?

YES NO IF YES, PLEASE FILL OUT AND ATTACH SERVICE REQUEST FORM AND OWNER AUTHORIZATION

WAS SERVICE FOLLOWED UP ON?

YES NO PLEASE ATTACH ANY NECESSARY DOCUMENTATION

WAS FEEDBACK SHARED WITH OWNER? **YES NO DATE** _____