

## Check-In Form

This form is designed so that the guest can quickly check the cleanliness of the rental property and check any damage that might be present. Any damage or problems with cleanliness should be reported to the owner(s) agent.

### Living Room

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| Floor clean and Vacuumed                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Tables clean and undamaged                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Windows clean                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Couch, chairs clean and undamaged             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Fireplace Clean                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Wood Burning Stove Clean                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Lamps Working                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| TV, VCR, DVD, Satellite working and undamaged | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Fan and Lights are working                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If No, Report Damage or Cleaning Problems:

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### Kitchen

- |                                  |                              |                             |
|----------------------------------|------------------------------|-----------------------------|
| Floor Clean                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Counters Clean                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Stove and Oven Clean and working | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Refrigerator Clean and working   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Island Clean                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Dishwasher clean and unloaded    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Garbage Empty                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Plates and Glasses Clean         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Pot and Pans Clean               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Silverware and Utensils Clean    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If No, Report Damage or Cleaning Problems:

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## Dining Room

- |                            |                              |                             |
|----------------------------|------------------------------|-----------------------------|
| Floor clean                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Table clean and undamaged  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Chairs clean and undamaged | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Cloth Napkins Clean        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Table Cloths Clean         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Bar Area Clean             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If No, Report Damage or Cleaning Problems:

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## Hall Shared

- |             |                              |                             |
|-------------|------------------------------|-----------------------------|
| Floor Clean | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|-------------|------------------------------|-----------------------------|

If No, Report Damage or Cleaning Problems:

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## 2 Twin Bedroom (Bedroom 1)

- |                    |                              |                             |
|--------------------|------------------------------|-----------------------------|
| Beds are made      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Sheets are clean   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Floor is clean     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Lights are working | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Closet is clean    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If No, Report Damage or Cleaning Problems:

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## Bunk Beds Bedroom (Bedroom 2)

- |                    |                              |                             |
|--------------------|------------------------------|-----------------------------|
| Bed is made        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Sheets are clean   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Floor is clean     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Lights are working | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Closet is clean    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If No, Report Damage or Cleaning Problems:

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## Shared Bath

- |                          |                              |                             |
|--------------------------|------------------------------|-----------------------------|
| Shower is clean          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Toilet is clean          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Sink and vanity is clean | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Mirror is clean          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Floor is clean           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Toilet paper is provided | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If No, Report Damage or Cleaning Problems:

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## Master Bedroom Hall

- |                |                              |                             |
|----------------|------------------------------|-----------------------------|
| Floor is clean | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|----------------|------------------------------|-----------------------------|

If No, Report Damage or Cleaning Problems:

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## Laundry

- |                   |                              |                             |
|-------------------|------------------------------|-----------------------------|
| Floor Clean       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Lamps Working     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Washer is working | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Dryer is working  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If No, Report Damage or Cleaning Problems:

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## Master Bedroom

- |                                |                              |                             |
|--------------------------------|------------------------------|-----------------------------|
| Bed is made                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Sheets are clean               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Floor is clean                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Dresser is clean and undamaged | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Lights are working             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If No, Report Damage or Cleaning Problems:

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## Master Bathroom

- |                          |                              |                             |
|--------------------------|------------------------------|-----------------------------|
| Shower is clean          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Toilet is clean          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Sink and vanity is clean | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Mirror is clean          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Floor is clean           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Bath mats are clean      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Toilet paper is provided | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If No, Report Damage or Cleaning Problems:

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Rantalahti Cabin Rental Check-In Form

**Grounds**

- Outside of cabin is free of debris  Yes  No
- Outside of cabin is undamaged  Yes  No
- Exterior lights are working  Yes  No
- Pier area is clean and undamaged  Yes  No
- Shoreline is clean  Yes  No

If No, Report Damage or Cleaning Problems:

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Please report any other damage or areas of concern here.

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Please sign this form and return it with the rental key. Report all No items to the owners immediately.

\_\_\_\_\_ Guest(s)

\_\_\_\_\_ Date