

CHECKLIST FOR USE WHEN VACATING A PARSONAGE

This form to be filled out and held for the District Superintendent to pick up at welcoming visit.

CHARGE _____ DISTRICT _____
 PASTOR _____ DATE _____

I have conferred with the Moving Day Committee about the following things which need the attention of this committee:

1. _____
2. _____
3. _____
4. _____

For my part I have given careful attention to leaving the following portions of the parsonage and property in the indicated condition:

- | | | | | | |
|--|--------------------------|-----|--------------------------|----|------------|
| 1. Windows cleaned | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Date _____ |
| 2. Draperies, curtains cleaned | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | How _____ |
| 3. Rugs and carpets cleaned | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Date _____ |
| 4. All hard floors (tile, linoleum, wood) cleaned | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | |
| 5. Walls, woodwork, and baseboards cleaned | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | |
| 6. Refrigerator defrosted and cleaned | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | |
| Cleaned under/behind | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | |
| 7. Cooking stove and oven cleaned | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | |
| Cleaned under/behind | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | |
| 8. All cabinets, closets, & furniture cleaned outside, inside & behind | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | |
| 9. Vacuum mattresses, springs | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | |
| 10. Light fixtures cleaned | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | |
| 11. Functioning light bulbs in all outlets | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | |
| 12. Bathrooms cleaned, including all fixtures, shower, tub | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | |
| 13. Clean exhaust fans, hot and cold air ducts | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | |
| 14. Damage done by pets reported to Moving Day Committee | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | |
| 15. Assessments for damage paid to PPRC Chair | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | |
| 16. Yard and shrubbery left in good condition | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | |
| 17. All parsonage linens and bedding left clean | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | |
| 18. Attic and basement swept and orderly | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | |

Insofar as possible, the parsonage has been left in a condition comparable to that which I hope to find in my new home
 Yes No

We concur in the report above / OR We concur with these exceptions (note on back)

 Signature of PPRC Chairperson/Date

 Signature of Admin. Bd-Council Chair/Date

 Signature of Parsonage Committee Chair/Date

 Signature of Trustees Chairperson/Date