

PICTURE HOOK REQUEST

Date: _____

Name: _____

Address: _____

Please tick corresponding room and circle required amount of picture hooks.

- | | | | | | |
|---|---|---|---|---|---|
| <input type="checkbox"/> Entrance | 1 | 2 | 3 | 4 | 5 |
| <input type="checkbox"/> Hallway | 1 | 2 | 3 | 4 | 5 |
| <input type="checkbox"/> Lounge | 1 | 2 | 3 | 4 | 5 |
| <input type="checkbox"/> Dining | 1 | 2 | 3 | 4 | 5 |
| <input type="checkbox"/> Kitchen | 1 | 2 | 3 | 4 | 5 |
| <input type="checkbox"/> Study | 1 | 2 | 3 | 4 | 5 |
| <input type="checkbox"/> Laundry | 1 | 2 | 3 | 4 | 5 |
| <input type="checkbox"/> Stairwell | 1 | 2 | 3 | 4 | 5 |
| <input type="checkbox"/> Upstairs Landing | 1 | 2 | 3 | 4 | 5 |
| <input type="checkbox"/> Hallway (upstairs) | 1 | 2 | 3 | 4 | 5 |
| <input type="checkbox"/> Bedroom 1 | 1 | 2 | 3 | 4 | 5 |
| <input type="checkbox"/> Bedroom 2 | 1 | 2 | 3 | 4 | 5 |
| <input type="checkbox"/> Bedroom 3 | 1 | 2 | 3 | 4 | 5 |
| <input type="checkbox"/> Bedroom 4 | 1 | 2 | 3 | 4 | 5 |
| <input type="checkbox"/> Bathroom | 1 | 2 | 3 | 4 | 5 |
| <input type="checkbox"/> Toilet | 1 | 2 | 3 | 4 | 5 |

I/We hereby acknowledge and understand that all picture hooks are to be removed and any damaged caused by the hooks repaired prior to vacating the property.

Signature: _____

Signature: _____

Print Name: _____

Print Name: _____