

Vehicle Equipment & Options: If you are unsure of the model or equipment options of the unit. Ask the vehicle owner.

Exterior Options:

Leveling System: _____ Slide-Outs: _____ L #1: _____ FT L #2: _____ FT L #3: _____ FT
 Steps System: _____ Awnings: _____ L #1: _____ FT L #2: _____ FT L #3: _____ FT
 Suspension System: _____ Generator: _____ KW: _____ Other: _____

<p style="text-align: center;"><u>Kitchen:</u></p> <input type="checkbox"/> Dishwasher <input type="checkbox"/> Garbage Disposal <input type="checkbox"/> Microwave <input type="checkbox"/> Stove Burners: Qty: _____ <input type="checkbox"/> Refrigerator CU: _____ <input type="checkbox"/> Other: _____	<p style="text-align: center;"><u>Living Room:</u></p> <input type="checkbox"/> DVD <input type="checkbox"/> Recliner Qty: _____ <input type="checkbox"/> Satellite <input type="checkbox"/> Sofa Qty: _____ <input type="checkbox"/> TV Qty: _____ IN: _____ IN: _____ <input type="checkbox"/> Other: _____	<p style="text-align: center;"><u>Bathroom:</u></p> <input type="checkbox"/> Dryer <input type="checkbox"/> Shower <input type="checkbox"/> Toilet <input type="checkbox"/> Washer <input type="checkbox"/> Washer/Dryer Combo <input type="checkbox"/> Other: _____
<p style="text-align: center;"><u>Beds:</u></p> <input type="checkbox"/> Bunk Beds Qty: _____ <input type="checkbox"/> Double <input type="checkbox"/> Full Size <input type="checkbox"/> Queen <input type="checkbox"/> King <input type="checkbox"/> Sofa Bed Qty: _____	<p style="text-align: center;"><u>Options:</u></p> <input type="checkbox"/> Air Condition BTU: _____ <input type="checkbox"/> Heater BTU: _____ <input type="checkbox"/> Batteries Qty: _____ <input type="checkbox"/> Sky Lights Qty: _____ <input type="checkbox"/> Back-up Camera <input type="checkbox"/> Navigation <input type="checkbox"/> Bike Rack <input type="checkbox"/> Cruise Control <input type="checkbox"/> Solar Panels <input type="checkbox"/> Tilt Wheel	<p style="text-align: center;"><u>Tanks:</u></p> <input type="checkbox"/> Black Water Qty: _____ Gal: _____ <input type="checkbox"/> Fresh Water Qty: _____ Gal: _____ <input type="checkbox"/> Grey Water Qty: _____ Gal: _____ <input type="checkbox"/> Propane Qty: _____ Gal: _____ <input type="checkbox"/> Water Heater Gal: _____ <input type="checkbox"/> Other: _____

Wheel Type:

Front Wheels: _____ Rear Outer Wheels: _____ Rear Inner Wheels: _____

Tire Size & Tread: Percent or actual reading.

Front Tire Size: _____ LT Remaining Tread: _____ RT Remaining Tread: _____
 Rear Tire Size: _____
 Rear Axle #1: _____ LT Remaining Tread: _____ RT Remaining Tread: _____
 Rear Axle #2: _____ LT Remaining Tread: _____ RT Remaining Tread: _____
 Rear Axle #3: _____ LT Remaining Tread: _____ RT Remaining Tread: _____
 Rear Axle #4: _____ LT Remaining Tread: _____ RT Remaining Tread: _____

Hidden Damage: Note any possible hidden damages that may appear during a tear down.

Previous Repairs: Note any prior repairs by a shop or owner.

Unrelated Prior Damage: Note all old damages.
