



Mind Your Manors

New Client Intake Form

Address: _____

Owner(s): _____

Primary Email: _____ Primary Phone Number: _____

Secondary Email: _____ Secondary Phone Number: _____

Address of Primary Residence: _____

Gate Code: _____ Security Gate Company: _____

Alarm Code: _____ Alarm Location: _____

Password: _____ Alarm Company: _____

Home Warranty Company Name: _____ Length of Coverage: _____

Number of Dwellings on Property: _____ Description of Dwellings: _____

Additional Structures: _____

Mail Collection

Location of Mailbox: _____ Leave at House/Forward

Mail Forwarding Address: _____

Utilities

Well/Casitas Water District/Meiners Oaks Water District/Golden State

Location of Pressure Regulator and Backflow Valve(s): _____

Location of Water Main Shut Off for Property: _____ For House: _____

Septic/Sewer

Number of Septic Tanks: _____ Location of Septic Tank(s): _____

Monthly enzymes? Yes No

Propane/Natural Gas

Location of Propane Tank: _____ Provider: _____



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Location of Gas Main Shut Off: _____

Location of Breaker Box(es): _____

Location of Solar Panels: _____ Leased/Owned

Leasing Company: _____ Grid Tied? Yes No

Location of Generator: _____ Manual/ Automatic Transfer

Garbage Service Schedule: _____

HVAC

Location of Furnace: _____ Fuel Type: _____

Number of Air Conditioning Units: _____ Location of Air Conditioning Units: _____

Preferred HVAC Maintenance/Repair Company: _____

Landscaping/Outdoor Living Areas

Landscaping Company: _____ Service Schedule: _____

Scope of Work: _____

Irrigation System: manual/auto/timer Does landscaping company maintain system? Yes No

Irrigation System Shut Off Locations: _____

Swimming Pool/Spa

Cover to open/close with rain? Yes No Location of Pool Cover Controls: _____

Pool Service Provider: _____ Service Schedule: _____

Pool heater information (location of controls/app): _____

Animals on Property: _____

Name of Animal Caretaker: _____ Contact Information: _____

Oak Trees/Crops/Fruit Trees/Special Care Plants or Trees

Locations: _____



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Care Instructions: _____

Does Landscaping Company Maintain These Items? Yes No

Preferred Tree Service Provider: _____

Pond/Fountain/Other Water Feature

Pump Location: _____ Solar Pump/Electric Pump

Pond Service Provider: _____ Service Schedule: _____

Fire Hydrant on Property? Yes No Pool drafting? Yes No

Contractor/Housekeeper Preferences

Preferred Contractor(s)/Handyman services: _____

Provide contractors with gate code/ alarm code/ house key

Open and close house/ property for contractors

Remain on property with contractors

House Cleaning Service Provider: _____ Cleaning schedule: _____

Scope of work: _____

Provide housekeepers with gate code/ alarm code/ house key

Open and close house/ property for housekeepers

Remain on property with housekeepers

Miscellaneous

Number of Attic Accesses: _____ Location of Attic Accesses: _____

Location of Water Heater(s): _____ Tankless? Yes No

Earthquake Straps in Place: Yes No

Water Softener/Water Filter? Yes No

Type of softener or filter:

Service Provider: _____ Frequency of Service: _____

Pest Control Service Provider: _____ Service Schedule: _____

Scope of Work (spraying/ bait stations/ traps): _____

Location of Smoke Detectors: _____

Location of carbon monoxide detectors: _____

Additional information: