

Tracking # _____

Date: _____

Window Survey Form - List

List all the windows on the building:

Window #:		Material: <input type="checkbox"/> Wood <input type="checkbox"/> Vinyl <input type="checkbox"/> Metal <input type="checkbox"/> Other			
Design:	Size:	Status: <input type="checkbox"/> Historic/Original <input type="checkbox"/> Non-historic <input type="checkbox"/> Other			
Window:	<input type="checkbox"/> Keep <input type="checkbox"/> Replace	Window Condition: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Bad			
		Damage? <input type="checkbox"/> None <input type="checkbox"/> Termites <input type="checkbox"/> Rot <input type="checkbox"/> Missing			
Trim:	<input type="checkbox"/> Keep <input type="checkbox"/> Replace	Trim Condition: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Bad			
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