Legacy Properties

Sotheby's
INTERNATIONAL REALTY

VACATION RENTAL CRITERIA CHECKLIST

Location: **1st Choice** _____
2nd Choice _____
3rd Choice _____

House Type: **Home:** ☐ **Condo:** ☐

Budget Range: _____

 # People: _____ **# of bedrooms:** _____ **King Bed:** ☐ yes ☐ no

Waterfront: ☐ yes ☐ no **Water view:** ☐ yes ☐ no
If yes:
Oceanfront: ☐ or: **Lakefront:** ☐

Entertainment:

- ☐ TV
- ☐ DVD
- ☐ Cable
- ☐ Radio
- ☐ Telephone
- ☐ Golf
- ☐ Boat
- ☐ Washer/dryer
- ☐ Linens
- ☐ Full Kitchen
- ☐ Deck
- ☐ Fireplace
- ☐ Grill
- ☐ Pet Friendly

Smoking: ☐ yes ☐ no

Transportation Necessary: ☐ yes ☐ no

Distance to Airport: _____

Additional Comments:

_____

_____

Client Name: _____
Client Address: _____
Client Phone: _____
Client Email: _____

Each Office Is Independently Owned And Operated