

[Email questionnaire to: sfournier@boxfordma.gov](mailto:sfournier@boxfordma.gov)

OR Mail to: 7A Spofford Rd Boxford, MA 01921

Please call our office with any questions at 978-887-6692

## CYCLICAL VERIFICATION QUESTIONNAIRE

Exterior: Check the option that best describes the condition of each component

	Original (From yr. built)	Updated (More than 10 yrs.)	New (Less than 10 yrs.)
Roof	_____	_____	_____
Siding	_____	_____	_____
Doors/Windows	_____	_____	_____
Roofing Material (asphalt, wood shingle, metal, etc.)	_____		
Siding Material (clapboard, vinyl, wood shingle, etc.)	_____		

Have you recently added any exterior improvements (pools, patios, decks, sheds, etc.)? Y or N

If yes, please list all improvements: \_\_\_\_\_

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Interior: Check the option that best describes the condition of each component

	Original (From yr. built)	Updated (More than 10 yrs.)	New (Less than 10 yrs.)
Kitchen	_____	_____	_____
Bathroom(s) (enter # of bathrooms in each applicable column)	_____	_____	_____
Flooring	_____	_____	_____
Flooring Material (hardwood, carpet, tile, etc.)	_____		
Wall Material (drywall, plaster, wood panel, etc.)	_____		

Heat Fuel (oil, gas, etc.) \_\_\_\_\_ Heat Type (forced air, forced water, etc.) \_\_\_\_\_

# of Bedrooms \_\_\_\_\_ # of Full Baths(w/shower or tub) \_\_\_\_\_ # of ½ Baths \_\_\_\_\_

# of Fireplaces \_\_\_\_\_ # of Whirlpool Baths \_\_\_\_\_

Is the basement finished? Y or N If yes, what % \_\_\_\_\_

Is the attic finished? Y or N If yes, what % \_\_\_\_\_

Is there a sauna? Y or N If yes, approx. size \_\_\_\_\_

Is there central vacuum? Y or N

Is there central air conditioning? Y or N

Please check the option below that best describes the interior condition of your home.

\_\_\_\_ Excellent    \_\_\_\_ Good    \_\_\_\_ Average    \_\_\_\_ Fair    \_\_\_\_ Poor

Please feel free to provide any additional comments or relevant information regarding your home.

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I hereby affirm that the information provided is true and accurate to the best of my knowledge.

**OWNERS NAME:** \_\_\_\_\_

**OWNERS SIGNATURE:** \_\_\_\_\_

**TELEPHONE NUMBER:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**PROPERTY ADDRESS:** \_\_\_\_\_

**PARCEL ID:** \_\_\_\_\_