Email questionnaire to: 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:

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

|  |  |  |  |
| --- | --- | --- | --- |
| Kitchen Bathroom(s) | Original(From yr. built)  | Updated(More than 10 yrs.)  | New(Less than 10 yrs.)  |
| (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.

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**: