

Closing Check List

- All Fire Equipment turned **OFF**
- All Food Wrapped
- TV's **OFF**
- iPad's / Phones Charging
- All Trash Taken Out
- All Lights **OFF** (including Basement)
- Hood **OFF**
- Fridge/Freezer Lights **OFF** & Door Shut
- LOCK** Front Door
- Otherside Door Not Locked

Date/...../..... Closing Manager:.....

Notes:.....

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