



## OWNER'S NOTICE CONCERNING CONDITION OF PROPERTY UNDER PROPERTY MANAGEMENT AGREEMENT

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CONCERNING THE PROPERTY AT 210 N Mattson  
West Columbia, TX 77486

OWNER IS TO COMPLETE THIS FORM TO THE BEST OF THE OWNER'S KNOWLEDGE. THIS NOTICE IS NOT A WARRANTY OF ANY KIND.

**Section 1. The Property has the items marked below: (Mark Yes (Y), No (N), or Unknown (U).)**

Item	Y	N	U	Additional Information
Central A/C	<input checked="" type="checkbox"/>			electric <input checked="" type="checkbox"/> gas <input type="checkbox"/> heat pump number of units:
Wall/Window AC Units		<input checked="" type="checkbox"/>		number of units:
Evaporative Coolers			<input checked="" type="checkbox"/>	number of units:
Central Heat	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/> electric <input type="checkbox"/> gas <input type="checkbox"/> heat pump number of units:
Other Heat		<input checked="" type="checkbox"/>		if yes describe:
Fireplace & Chimney		<input checked="" type="checkbox"/>		woodburning (no.) mock (no.) other:
Gas Logs in Fireplace		<input checked="" type="checkbox"/>		
Ceiling Fans	<input checked="" type="checkbox"/>			number of units: 6 ceiling fans
Carport	<input checked="" type="checkbox"/>			attached <input checked="" type="checkbox"/> not attached
Garage		<input checked="" type="checkbox"/>		attached <input type="checkbox"/> not attached
Garage Door Openers		<input checked="" type="checkbox"/>		number of units: number of remotes:
Fences		<input checked="" type="checkbox"/>		wood chain-link other
Patio/Decking		<input checked="" type="checkbox"/>		describe:
Outdoor Grill		<input checked="" type="checkbox"/>		location:
Hot Tub/Spa		<input checked="" type="checkbox"/>		
Pool		<input checked="" type="checkbox"/>		in-ground above ground / heater: <input type="checkbox"/> yes <input type="checkbox"/> no
Underground Lawn Sprinkler		<input checked="" type="checkbox"/>		automatic manual areas covered: _____
Septic / On-Site Sewer Facility		<input checked="" type="checkbox"/>		if yes, attach Information About On-Site Sewer Facility (TXR-1407)
Water Heater	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/> electric <input type="checkbox"/> gas <input type="checkbox"/> other: number of units:
Water Softener		<input checked="" type="checkbox"/>		owned leased from _____
Washer/Dryer Hookups	<input checked="" type="checkbox"/>			dryer hookups are: gas <input checked="" type="checkbox"/> electric
Washer	<input checked="" type="checkbox"/>			
Dryer	<input checked="" type="checkbox"/>			
Sauna		<input checked="" type="checkbox"/>		
Alarm System		<input checked="" type="checkbox"/>		owned leased from
Smoke Alarms		<input checked="" type="checkbox"/>		number of units:
Kitchen Equipment	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/> range-oven combo. <input type="checkbox"/> cooktop <input checked="" type="checkbox"/> oven <input checked="" type="checkbox"/> microwave <input type="checkbox"/> dishwasher <input type="checkbox"/> disposer <input checked="" type="checkbox"/> hood fan <input type="checkbox"/> trash compactor <input checked="" type="checkbox"/> refrigerator <input type="checkbox"/> other:

**Section 2. Are you aware of any item, equipment, or system in or on the Property that is in need of repair?**  yes  no If yes, explain (attach additional sheets if necessary): \_\_\_\_\_

*Note: Unless instructed otherwise, items in the Property will be repaired in accordance with the repair provisions in the lease that the Broker negotiates for the Owner.*



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Concerning the Property at \_\_\_\_\_

**Section 3. Are you aware of any of the following?**

Y N

\_\_\_ Owners' associations or maintenance fees or assessments. If yes, complete the following:  
Name of association: \_\_\_\_\_  
Manager's name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Describe the common areas or facilities (pool, tennis courts, greenbelts, etc.): \_\_\_\_\_  
Are there any user fees for the common facilities? \_\_\_ yes  no If yes, describe: \_\_\_\_\_  
Name and contact information of any other association to which the Property is subject: \_\_\_\_\_


Any notices of violations of deed restrictions or governmental ordinances affecting the condition or use of the Property.  
 Any lawsuits or other legal proceedings directly or indirectly affecting the Property.  
 Any condition on the Property which materially affects the health or safety of an individual.

If the answer to any of the items in Section 3 is yes, explain (attach additional sheets if necessary): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section 4. Other Information.**

- (1) Water to the Property is supplied by:  city \_\_\_ MUD \_\_\_ WCID \_\_\_ co-op \_\_\_ well (location: \_\_\_\_\_)
- (2) The type of roof on the Property is:  composition shingle \_\_\_ wood shingle \_\_\_ flat (tar & gravel) \_\_\_ metal \_\_\_ other \_\_\_\_\_ Approx. Age: <sup>3</sup> \_\_\_\_\_ years
- (3) If the Property is a condominium or townhome, describe parking spaces (numbers, if assigned, location): \_\_\_\_\_
- (4) Describe the location and number of the mailbox: N/A - Will have to use PO Box or provide their own mail box
- (5) Provide any alarm codes, garage door codes, access codes, gate codes, common facility codes: \_\_\_\_\_
- (6) Describe the location of:  
heating & cooling filters: Hallway \_\_\_\_\_ filter size(s): \_\_\_\_\_  
electrical breakers: Yes, outside on the side of the house  
water shut-off valve: Yes, outside of the house gas shut-off valve: Yes, outside
- (7) There \_\_\_ are  are not written warranties in effect for the Property or any appliances. Attach copies.
- (8) Provide the names and phone numbers of the current providers to the Property:

Electricity: \_\_\_\_\_ Ph: \_\_\_\_\_  
Gas: \_\_\_\_\_ Ph: \_\_\_\_\_  
Water & Sewer: \_\_\_\_\_ Ph: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Ph: \_\_\_\_\_  
Cable: \_\_\_\_\_ Ph: \_\_\_\_\_  
Garbage: \_\_\_\_\_ Ph: \_\_\_\_\_  
Pool Service: \_\_\_\_\_ Ph: \_\_\_\_\_  
Alarm: \_\_\_\_\_ Ph: \_\_\_\_\_  
Landscaping: \_\_\_\_\_ Ph: \_\_\_\_\_

 *John Farris III* 12/11/2025  
Signature of Owner Date Signature of Owner Date