

# Fittings and contents form



Document date   /   /

Address of the property

Postcode

This form should be completed and read in conjunction with the explanatory notes available separately

## 1 Central heating and hot water

	Included	Excluded	None	Comments
Immersion heater	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Hot water tank/cylinder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hot water tank/cylinder jacket	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Wall heaters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Night storage heaters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Gas fires (with any surround)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Electric fires (with any surround)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Roof insulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Free-standing heaters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## 2 Electrical

	Included	Excluded	None	Comments
Electric points	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Electric switches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Dimmer switches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



### 3 Interior light fittings

	Included	Excluded	None	Comments
Ceiling lights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Wall lights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lamp shades	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**Note:** If light fittings are to be removed, it is assumed that they will be replaced by ceiling rose and socket, flex, bulb holder and bulb.

### 4 Television and telephone

	Included	Excluded	None	Comments
Television aerial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Radio aerial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Telephone receivers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Satellite dish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### 5 Windows

	Included	Excluded	None	Comments
Double glazing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Windows and window fittings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Shutters/grills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### 6 Doors

	Included	Excluded	None	Comments
Internal doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
External doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Door knockers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Doorbell/chimes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## 7 External areas

	Included	Excluded	None	Comments
Garden shed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Greenhouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Garden furniture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Garden ornaments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Trees, plants, shrubs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Garden produce	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Barbecue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Outdoor heater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stock of oil/solid fuel/gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Outside lights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Water butts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Clothes line/rotary line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Dustbins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Other (please state which)</i>				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## 8 Curtains and blinds

	Included	Excluded	None	Comments
<b>Curtain fittings</b>				
Curtain rails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Curtain poles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pelmets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Curtains (including net curtains and blinds)</b>				
Bedroom 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bedroom 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bedroom 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bedroom 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bathroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Living room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Dining room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Other rooms (please state which)</i>				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## 9 Carpets

	Included	Excluded	None	Comments
Bedroom 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bedroom 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bedroom 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bedroom 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Landing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## 9 Carpets (continued)

	Included	Excluded	None	Comments
Stairway	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Living room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Dining room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bathroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Other rooms (please state which)</i>				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## 10 Other floor coverings

	Included	Excluded	None	Comments
All floor coverings excluding carpets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## 11 Kitchen fitments

	Included	Excluded	None	Comments
Fitted cupboards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fitted shelves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sink	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fitted oven and grills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fitted microwave oven	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hob(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Extractor hood(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## 11 Kitchen fittings (continued)

	Included	Excluded	None	Comments
Fitted hooks and racks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Storage units in kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Other fitted items (please state which)</i>				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## 12 Other non-fitted appliances

	Included	Excluded	None	Comments
Refrigerator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Freezer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fridge-freezer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cooker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Microwave oven	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Dishwasher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Washing machine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tumble dryer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Other non-fitted appliances (please state which)</i>				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## 13 Bathroom fittings

	Included	Excluded	None	Comments
Bath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Shower fitting for bath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Toilet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hand basin(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Taps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Plugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mirror	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cabinets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Separate shower fittings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fitted shelves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fitted cupboards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Towel rail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Soap and toothbrush holders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Toilet roll holders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Other fitted items (please state which)</i>				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## 14 Bedroom

	Included	Excluded	None	Comments
Fitted wardrobes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fitted cupboards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fitted shelving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cupboards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fitted units	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Wall mirrors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Other items (please state which)</i>				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**Note:** If you are removing any fixtures or fittings you must make good any damage caused. You are also responsible for removing your possessions, including rubbish, from the property, the garage, the garden and any outbuildings or sheds.

The information in this form has been given by:

Name