

LANDLORD & PROPERTY MANAGEMENT LOGBOOK

Commercial & Multi-Family Real Estate Maintenance, Tenant Ledger & Inspection Record

Property Owner / LLC Entity Name:

Property Portfolio Name / Building ID:

Property Physical Street Address:

Total Residential & Commercial Units:

Designated Property Manager / Agent:

Emergency Maintenance Contact Line:

Insurance Policy Carrier & Policy #:

Operating Bank & Escrow Account Reference:

Logbook Cycle (Calendar Year / Term):

MASTER RENT ROLL & LEASE EXPIRATION SCHEDULE

PREFERRED VENDOR & SERVICE CONTRACTOR DIRECTORY

Date Reported: _____	Unit #: _____	Priority: ☐ Emergency ☐ High ☐ Routine
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ISSUE DESCRIPTION & DEFECT REPORTED BY TENANT

CONTRACTOR / TECHNICIAN ASSIGNED & SCOPE OF REPAIR

EXPENSE ACCOUNTING & INVOICE BREAKDOWN

Item / Part / Labor Description	Vendor / Store	Invoice #	Amount (\$)

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CONTRACTOR / TECHNICIAN ASSIGNED & SCOPE OF REPAIR

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Item / Part / Labor Description	Vendor / Store	Invoice #	Amount (\$)

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Priority: ☐ Emergency ☐ High ☐ Routine

ISSUE DESCRIPTION & DEFECT REPORTED BY TENANT

CONTRACTOR / TECHNICIAN ASSIGNED & SCOPE OF REPAIR

EXPENSE ACCOUNTING & INVOICE BREAKDOWN

Item / Part / Labor Description	Vendor / Store	Invoice #	Amount (\$)

COMPLETION VERIFICATION & TENANT SIGN-OFF

Work Completed Satisfactorily: ☐ Yes ☐ Incomplete / Needs Follow-up

Tenant / Inspector Signature: _____

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ANNUAL PROPERTY AUDIT & CAPITAL EXPENDITURE REVIEW

[] Annual HVAC Filter Replacements and Mechanical Servicing

[] Roofing, Flashing, Gutter and Downspout Drainage Clearances

[] Fire Alarm, Smoke Detector, and CO Sensor Battery Verification

[] Common Area Emergency Lighting & Exit Signage Illumination Test

[] Backflow Preventer Annual Inspection & Municipal Filing

[] Water Heater Flushing and Pressure Relief Valve Inspection

[] Parking Lot Asphalt Crack Sealing, Striping, and Exterior Lighting

[] Pest Control Preventative Exterior Perimeter Barrier Application

[] Annual Escrow Analysis, Property Tax and Insurance Bill Audit

Annual Audit Completed By: _____ Date: _____