



Kihei Kai Nani Landscape Check List

Name: _____

Date: _____

Building Number: _____

Email: _____

Issue & Inspection Location _____

- | | |
|---|---|
| <input type="checkbox"/> White Fly | <input type="checkbox"/> Other Insects |
| <input type="checkbox"/> Plant Dying | <input type="checkbox"/> Water Needed |
| <input type="checkbox"/> Grass Brown | <input type="checkbox"/> Muddy Area |
| <input type="checkbox"/> Pruning Needed | <input type="checkbox"/> Trimming Needed |
| <input type="checkbox"/> Weed Removal | <input type="checkbox"/> New Plant Needed |
| <input type="checkbox"/> Sprinkle Broken | <input type="checkbox"/> Sprinkle Reset |
| <input type="checkbox"/> Lanai Grass Trimming | <input type="checkbox"/> Fence Planting |

Special Project: _____

Plant Suggestion: _____

Comments:

Other:

Date Acknowledged: _____

Actions: _____
