

Rooms Input Form for Matrix

Use this form to describe individual rooms

Room # _____

Room Type

<input type="checkbox"/> Apartment	<input type="checkbox"/> Bedroom 7	<input type="checkbox"/> Den	<input type="checkbox"/> Keeping Room	<input type="checkbox"/> Office
<input type="checkbox"/> Basement	<input type="checkbox"/> Bedroom 8	<input type="checkbox"/> Dining Room	<input type="checkbox"/> Kitchen	<input type="checkbox"/> Other
<input type="checkbox"/> Bathroom 1	<input type="checkbox"/> Bedroom 9	<input type="checkbox"/> Dining Room-Separate	<input type="checkbox"/> Laundry	<input type="checkbox"/> Recreation Room
<input type="checkbox"/> Bathroom 2	<input type="checkbox"/> Bedroom 10	<input type="checkbox"/> DR/LR Combo	<input type="checkbox"/> Library	<input type="checkbox"/> Sauna
<input type="checkbox"/> Bathroom 3	<input type="checkbox"/> Bedroom 11	<input type="checkbox"/> Efficiency Apartment	<input type="checkbox"/> Living Room	<input type="checkbox"/> Studded Bath
<input type="checkbox"/> Bathroom 4	<input type="checkbox"/> Bedroom 12	<input type="checkbox"/> Exercise Room	<input type="checkbox"/> Living Room-Separate	<input type="checkbox"/> Study
<input type="checkbox"/> Bathroom 5	<input type="checkbox"/> Bedroom 13	<input type="checkbox"/> Family Room	<input type="checkbox"/> Loft	<input type="checkbox"/> Sun Room-Heated
<input type="checkbox"/> Bedroom 2	<input type="checkbox"/> Bedroom 14	<input type="checkbox"/> Game Room	<input type="checkbox"/> Master Bathroom	<input type="checkbox"/> Sun Room-Unheated
<input type="checkbox"/> Bedroom 3	<input type="checkbox"/> Bedroom 15	<input type="checkbox"/> Great Room	<input type="checkbox"/> Master Bedroom	<input type="checkbox"/> Utility Room
<input type="checkbox"/> Bedroom 4	<input type="checkbox"/> Bonus Room	<input type="checkbox"/> Gym	<input type="checkbox"/> Media Room	<input type="checkbox"/> Wine
<input type="checkbox"/> Bedroom 5	<input type="checkbox"/> Breakfast Room	<input type="checkbox"/> In-Law Suite	<input type="checkbox"/> Music	<input type="checkbox"/> Workshop
<input type="checkbox"/> Bedroom 6	<input type="checkbox"/> Butler's Pantry			

Room Level

Basement Lower Main Upper

Room Length: _____ Room Width: _____

Room Flooring

<input type="checkbox"/> Brick	<input type="checkbox"/> Hardwood	<input type="checkbox"/> Parquet	<input type="checkbox"/> Tile	<input type="checkbox"/> Wall to Wall Carpet
<input type="checkbox"/> Carpet	<input type="checkbox"/> Marble	<input type="checkbox"/> Slate	<input type="checkbox"/> Vinyl	<input type="checkbox"/> Wood
<input type="checkbox"/> Concrete	<input type="checkbox"/> Other	<input type="checkbox"/> Terrazzo		

Room Features

<input type="checkbox"/> Bookcase	<input type="checkbox"/> Fireplace	<input type="checkbox"/> Sitting Room	<input type="checkbox"/> View	<input type="checkbox"/> Walk-in Closet
<input type="checkbox"/> Entertainment Center				

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