



TURNDOWN SERVICE GROCERY LIST

Beverages

Beer
(Qty/Brand) _____
Bottled water
(Qty/Brand) _____
Liquor
(Qty/Brand) _____
Wine
(Qty/Brand) _____

Dairy

Butter
(Qty/Brand) _____
Cheese
(Qty/Brand) _____
Coffee creamer
(Qty/Brand) _____
Eggs
(Qty/Brand) _____
Milk
(Qty/Brand) _____
Yogurt
(Qty/Brand) _____

Desserts and Pastries

Bagels
(Qty/Brand) _____
Cookies
(Qty/Brand) _____
Donuts
(Qty/Brand) _____
Ice cream
(Qty/Brand) _____

Fresh Fruit & Produce

Apples
(Qty/Brand) _____
Bananas
(Qty/Brand) _____
Berries
(Qty/Brand) _____
Garlic
(Qty/Brand) _____
Lettuce
(Qty/Brand) _____
Onion
(Qty/Brand) _____
Potatoes
(Qty/Brand) _____

Meat

Bacon
(Qty/Brand) _____
Beef
(Qty/Brand) _____
Chicken
(Qty/Brand) _____
Fish
(Qty/Brand) _____

Miscellaneous

Charcoal/Propane
(Qty/Brand) _____
Diapers
(Qty/Brand) _____
Firewood
(Qty/Brand) _____
Flowers
(Qty/Brand) _____
Insect repellent
(Qty/Brand) _____
Newspaper
(Qty/Brand) _____
Pet food
(Qty/Brand) _____

Staples

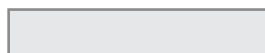
Bread
(Qty/Brand) _____
Coffee
(Qty/Brand) _____
Flour
(Qty/Brand) _____
Pasta
(Qty/Brand) _____
Sauce
(Qty/Brand) _____
Sugar
(Qty/Brand) _____

Toiletries

Dish soap
(Qty/Brand) _____
Hand soap
(Qty/Brand) _____
Laundry detergent
(Qty/Brand) _____
Paper towels
(Qty/Brand) _____
Shampoo/Conditioner
(Qty/Brand) _____
Toilet paper
(Qty/Brand) _____
Toothpaste
(Qty/Brand) _____

Name* _____
Address _____
City _____ State _____
Phone _____
Email _____

You can email your completed list, or print the list and fax or mail a hard copy. Or you can call HMO and review the list with one of our home specialists.



**Name, address, city, state, phone, and email are required fields for form to be submitted via email.*

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