

MOVE-IN / MOVE-OUT INSPECTION REPORT

Please make note of all items needing attention and return form to your management office within 7 days of receiving your keys.

The premises are being delivered in clean and good condition, with no spots, stains, marks or damage unless otherwise noted below in the "Move-In Exceptions" box.

RESIDENT		LOCKER LETTER	
APT #	ADDRESS		
MOVE-IN DATE		MOVE-OUT DATE	
RETURN THIS FORM BY		NEW PHONE NUMBER	

ITEM	MOVE-IN EXCEPTIONS	MOVE-OUT EXCEPTIONS	ITEMIZED CHARGES
LIVING ROOM, DINING & HALL			
WALLS/CEILING			
FLOOR/CARPET			
CEILING FAN			
HALL LIGHTS / SWITCHES			
PATIO DOOR/TRACK/SCREEN			
ENTRY CLOSET/ BIFOLD DOORS			
ENTRY DOOR/HANDLE/DEADBOLT			
KITCHEN			
WALLS/CEILING/VINYL FLOOR			
COUNTERTOPS			
CABINETS/LIGHTS			
OVEN/STOVE/DRIP PANS			
HOOD FAN/LIGHT			
REFRIGERATOR			
DISHWASHER			
SINK/FAUCET/DISPOSAL			
BEDROOM (S)	Specify Bedroom #1 or #2 or #3	Specify Bedroom #1 or #2 or #3	
WALLS/CEILING			
FLOOR/CARPET			
VERTICAL OR MINI-BLIND			
WINDOWS/TRACKS/SCREENS			
CLOSETS/DOORS/SHELVES/RODS			
DOOR/HANDLE/DOORSTOP			
BATHROOM	Specify #1 or # 2	Specify #1 or # 2	
WALLS/CEILING			
VINYL FLOOR			
MEDICINE CABINET/MIRROR			
SINK/FAUCET			
TUB/SHOWER			
TILE/GROUT/CAULK			
LIGHT/VENT FAN			
DOOR/HANDLE/DOORSTOP			
TOWEL BARS/ACCESSORIES			
HEAT REGISTERS/THERMOSTAT			
BALCONY/RAILING/PATIO			
STORAGE LOCKER			
SMOKE DETECTOR			
NUMBER OF KEYS	(2) Apartment, (1) Mailbox, (1) Underground Parking Key	___ Apartment ___ Mailbox ___ Underground Parking Key	

MOVE-IN COMMENTS	MOVE-OUT COMMENTS	TOTAL
<i>Resident has inspected the above premises at occupancy and accepts it with the conditions and/or exceptions noted above. Resident agrees to deliver the premises in like condition upon termination of tenancy, normal wear and tear excepted.</i>		<i>This form includes a preliminary list of damages for which Resident will be charged. Resident understands and agrees that additional damage may not be discovered until after the move-out inspection. Agent for owner reserves the right to assess charges for damage discovered after this inspection.</i>
Resident _____ Date _____ Management _____ Date _____		
FORWARDING ADDRESS		PHONE NUMBER