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CONDITION INSPECTION REPORT

TENANT(S)	PREMISES		
MOVE- IN DATE	MOVE-IN PHOTOS	Y OR N	MOVE-IN VIDEO Y OR N
MOVE-OUT DATE	MOVE-OUT PHOTOS	Y OR N	MOVE-OUT VIDEO Y OR N

The premises are being delivered in clean, sanitary, and good operating condition, with no spots, stains or damages, unless otherwise noted below in the "Move In Condition" box. If indicated above, the condition of the premises has been fully documented, dated, witnessed and verified on video tape and photographs.

CONDITION AT MOVE- IN

CONDITION AFTER MOVE- OUT

CHARGES

AREA OR ITEM

√ = O.K.

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LIVING ROOM, DINING & HALLS		
Walls/Ceiling.....	_____	_____
Floor/Carpet.....	_____	_____
Closets/Doors/Locks.....	_____	_____
Lights/Mirrors.....	_____	_____
Window Treatments.....	_____	_____
Windows/Screens.....	_____	_____
Fireplace(s).....	_____	_____

KITCHEN		
Walls/Ceiling/Floor.....	_____	_____
Countertops/Tile.....	_____	_____
Cabinets/Closets.....	_____	_____
Oven/Stove.....	_____	_____
Hood/Fan/Lights.....	_____	_____
Refrigerator.....	_____	_____
Dishwasher.....	_____	_____
Sink/Faucet/Disposal.....	_____	_____
Windows/doors/screens.....	_____	_____

BEDROOMS (Specify BR # 1- 4)		
Walls/Ceiling.....	_____	_____
Floor/Carpet.....	_____	_____
Lights/Mirrors.....	_____	_____
Window Treatments.....	_____	_____
Windows/Screens.....	_____	_____

BATHROOMS (Specify # 1-4)		
Walls/Ceiling.....	_____	_____
Floor.....	_____	_____
Cabinets/ Mirrors.....	_____	_____
Sink(s).....	_____	_____
Tub/Shower.....	_____	_____
Tiles/Grout.....	_____	_____
Lights/Vent/Fan.....	_____	_____
Toilets.....	_____	_____
Windows/Doors.....	_____	_____
Towel Bars/Accessories.....	_____	_____

WASHER/DRYER.....	_____	_____
HEATING/AIR CONDITIONING.....	_____	_____
BALCONY/DECK/PATIO.....	_____	_____
GARAGE(S)/STORAGE.....	_____	_____
GARAGE DOOR(S).....	_____	_____
PARKING AREA.....	_____	_____
GARDEN/PLANTS/GRASS.....	_____	_____
SMOKE DETECTOR.....	_____	_____
NUMBER OF KEYS (SETS).....	_____	_____
FENCES/GATES.....	_____	_____

