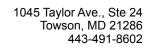


MOVE IN INSPECTION

Address:							Date:				
Living R	oom										
"	Walls				-			Good	ll	- II	
	Ceiling				_			Clean	Other	Not	
	Floor				_	Exte	rior				
	Lights/Mirrors				_				 		
	Drapes/Rods/Blinds				-	Crav	/l				
D:: D	Windows				- [[Page	ement				
Dining R	Walls				- [[Dase	mem				
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	Lights/Mirrors				- [Attic					
Kitchen	Lights/Willions				- [[Lawı	า				
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	Ceiling				- II	Shed	t				
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	Drapes/Rods/Blinds				- II	Cabi	nets				
	Windows		_		_	Clos	ets				
	Counter Tops										
	Range				_	Vani	ty			- 11	
	Refrigerator										
	Vent Hood				_	Med					
	Dishwasher				_	Cal	oinet				
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Hall					_ []	Drav	/ers				
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l	Lights/Mirrors				- [[
Bedroom					- II	Utilit					
	Walls				- I I		ater:	On:	Off:		
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	Floor				- [Ga	s:	On:	Off:		
	Closets/Shelves				- [
	Doors				- I I						
	Lights/Mirrors Drapes/Rods/Blinds				- [[Smok	e Alarm]]			
	Windows				- [[1			
Bedroom					- [[
Deal oon	Walls				- [[
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Bedroom					- II						
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	Drapes/Rods/Blinds				_						
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Bathroom					_ [[
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	Ceiling				_ []						
	Floor				_						
1	Tub/Shower				_ []						
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1	Lights/Vent				_ []						
	Toilets				_ [[
	Windows/Doors				_ []						
1	Towel Bars				_ []						
I	Accessories				- 11						





MOVE OUT INSPECTION

Aa	dress			Date	e:		_]
Other	Walls Ceiling Floor KEYS Number Floors Windows Doors Light Fixtures Yard Basement Garage		KEYCODE #:	Tenant Comments:			·
comme with Ph balance Tenant N	nts noted under otos are an accu of our security ew Address:	"Tenant Comments trate account of the deposit will be forw	pection" as a part of the rer " and the backside of this fo condition of this property r rarded via U.S. Mail within 49	orm. I/We agree this is Mo eturned to Landlord this of days to the address liston	ove Out Indicate and used below.	spection Form a understand the	along
Landlord	by:	Date:	Tenant Signa	ure:		_ Date:	
		TIME:	Tenant Signa	ure:		_ Date:	