

INSPECTION REPORT

PRE MOVE IN MOVE OUT (check one)

Tenant's Name:	
Apartment Complex:	
Apartment No.	Move-In Date:
Forwarding Address:	Move-Out Date:
	Date Notice Given:

Rating Code: 1-Good 2-Average 3-Below Average 4-Needs Attention

OUTSIDE:	Condition	Needs
Garage or Parking stall		
Mailbox		
Screen Door		
Storage		
Yard		
Light Fixture		
Other		

LIVING-DINING ROOMS:

Floor or Carpet		
Walls and Baseboards		
Ceiling		
Glass		
Screens		
Drapes & Rods		
Switches and Light Fixtures		
Doors and Locks		
Closets		
Other		

KITCHEN:

Floor or Carpet		
Walls and Baseboards		
Switches and Light Fixtures		
Ceiling		
Glass		
Screens		
Drapes & Rods		
Stove		
Refrigerator		
Disposal		
Dishwasher		
Fan		
Sink		
Faucet		
Cupboards		
Doors and Locks		
Other		



FIRST BATHROOM:

Floor or Carpet		
Walls and Baseboards		
Switches and Light Fixtures		
Ceiling		
Glass		
Screens		
Tub and/or Tile		
Shower		
Faucets		
Sink		
Toilet		
Towel Racks		
Cabinets		
Curtain Rods		
Doors and Locks		
Other		

SECOND BATHROOM:

Floor or Carpet		
Walls and Baseboards		
Switches and Light Fixtures		
Ceiling		
Glass		
Screens		
Tub and/or Tile		
Shower		
Faucets		
Sink		
Toilet		
Towel Racks		
Cabinets		
Curtain Rod		
Doors and Locks		
Other		

FIRST BEDROOM:

Floor or Carpet		
Walls and Baseboards		
Switches and Light Fixtures		
Ceiling		
Glass		
Screens		
Drapes & Rods		
Closets		
Rods and Hooks		
Doors and Locks		
Other		

SECOND BEDROOM:

Floor or Carpet		
Walls and Baseboards		
Switches and Light Fixtures		
Ceiling		
Glass		
Drapes & Rods		
Doors and Locks		
Closets		
Rods and Hooks		
Doors and Locks		
Other		

THIRD BEDROOM:

Floor or Carpet		
Walls and Baseboards		
Switches and Light Fixtures		
Ceiling		
Glass		
Screens		
Drapes & Rods		
Closets		
Rods and Hooks		
Doors and Locks		
Other		

LINEN CLOSET:

Doors and Locks		
Shelves		
Drawers		
Rods and Hooks		
Walls and Baseboards		
Ceiling		
Switches and Light Fixtures		

OTHER:

Tenant _____

Date Taken _____

Manager _____