



Inspection Report on Move-Out

Resident: _____
 Address: _____

Date of Lease: _____
 Date of Move-Out: _____

Interior:	Living Room	Kitchen	Bath	Hall	Bedroom 1	Bedroom 2	Bedroom 3	Bedroom 4	Bedroom 5
Walls									
Ceiling									
Floors									
Light Fixtures									
Light Bulbs									
Light Switches									
Receptacles									
Hot Water Heater Closet									
Heater Closet									
Window Glass									
Window Hardware									
Window Screens									
Curtain Rods									
Door									
Door Glass									
Door Hardware									
Door Screens									
Door Keys - Front									
Door Keys - Rear									
Closet									

Kitchen :

Range

Switches Oven Rack Oven Unit
 Surface Units Pilot Light Broiler Pan

Refrigerator

Fridge Gasket Fzr Gasket Shelves
 Veg Bin Veg. Bin Shelf

Cabinets

Shelves Doors
 Drawers Hardware

Plumbing

Sink Stopper
 Faucet Drain

Bathroom :

Towel Rack Paper Holder
 Med. Cabinet Glass Holder
 Water Closet Flushing
 Shower Soap Dish Drain
 Bathtub Stopper Drain
 Lavatory Stopper Drain

Exterior:

Mailbox Garbage Can
 House Number Front Light Fixtures
 Clothesline Rear Light Fixtures
 Front Weatherstripping Rear Weatherstripping

Meter Reading: _____ Ft.³

Bathroom :

Towel Rack Paper Holder
 Med. Cabinet Glass Holder
 Water Closet Flushing
 Shower Soap Dish Drain
 Bathtub Stopper Drain
 Lavatory Stopper Drain

Keys: Received # _____ House Keys _____ / Received # _____ Mailbox Keys _____ Water Temperature: _____
Initials Initials

Exceptions: _____

Inspected By _____ Date _____ Resident _____ Date _____