

Move In / Move Out Inspection Report

Property Address:				
Remarks (if other than good)				
Kitchen				
Door				
Refrigerator				
Oven / Stove				
Sink				
Cabinets				
Light fixtures				
Window(s)				
Walls				
Floor				
Living / Dining	Living Room	Dinning Room		
Walls				
Carpet				
Doors				
Blinds				
Light Fixtures				
Hallway(s) / Rooms	1	2	3	4
Walls / Doors				
Carpet				
Doors				
Light Fixtures				
Closets				
Bedroom(s)	Master	2 nd	3 rd	4 th
Walls / Doors				
Carpet				
Doors				
Windows				
Light Fixtures				
Closets				
Bathroom(s)	1 st / Master	2 nd	3 rd	
Walls / Doors				
Floor				
Sink				
Tub / Shower				
Light Fixtures				
Closets				
Toilet				
Sink				
Miscellaneous				
Washer				
Dryer				
Smoke Detector(s)				
Thermostat(s)				
Other				

LESSEE: _____

Date: _____

Date: _____

LESSOR: _____

Date: _____