

# Move IN-OUT Inspection Sheet

Address \_\_\_\_\_

Initial Inspection			
Date: ____/____/200__	Condition	Comments	Repairs
<b>Living &amp; Dining Area</b>			
Floors			
Carpet			
Ceiling			
Walls			
Windows			
Screens-Door			
Drapes/Blinds			
Doors-Front			
Closets			
Fireplace			
Light Fixtures			
<b>Kitchen</b>			
Floors - Ceramic tile			
Carpet			
Ceiling			
Walls			
Windows			
Screens			
Drapes/Blinds			
Doors			
Closets			
Counters			
Cabinets & Drawers			
Light Fixtures			
Refrigerator			
Shelves			
Ice Trays			
Ice Maker			
Range/Oven			
Broiler Pan			
Burner Drip Pans			
Microwave			
Garbage Disposal			
Dishwasher			
Exhaust Fan			
Sink Faucets & Stoppers			
Miscellaneous			

Move IN-OUT Inspection Sheet

Address \_\_\_\_\_

Date: ____/____/200__	Condition	Comments	Repairs
Bedroom 1			
Floors			
Carpet			
Ceiling			
Walls			
Windows			
Screens			
Drapes/Blinds			
Doors			
Closets			
Fireplace			
Light Fixtures			
Bathroom 1			
Floors-carpet & ceramic tile			
Ceiling			
Walls			
Windows			
Screens			
Drapes/Blinds			
Doors			
Closets			
Light Fixtures			
Commode			
Sink			
Faucets			
Tub			
Shower & Head			
Soap Dish			
Curtain Rod			
Mirror			
Medicine cabinets			
Counter Tops			
Cabinets & Drawers			
Towel Bars			
Exhaust Fan			
Heat Lamp			
Miscellaneous			

Move IN-OUT Inspection Sheet

Address \_\_\_\_\_

Date: ____/____/200__	Condition	Comments	Repairs
Furnishings			
Laundry Room/Closet			
Washer			
Dryer			
Miscellaneous			
Air Conditioner& Heating System			
Outside			
Building			
Yard			
Other Structures			
Patio-Balcony			
Driveway			
# Keys Given			
# Mail Box Keys Given			
# Smoke Detectors			
Fire Extinguisher			
Plunger			
Date Returned to Office			
By _____			
Print name			
Note: Form must be returned with in seven(7) days of taking possession of the unit, or may be invalid.			

Move IN-OUT Inspection Sheet

Address \_\_\_\_\_

Date: ____/____/200__	Condition	Comments	Repairs
Bedroom 2			
Floors			
Carpet			
Ceiling			
Walls			
Windows			
Screens			
Drapes/Blinds			
Doors			
Closets			
Fireplace			
Light Fixtures			
Furnishings			
Bathroom 2			
Floors			
Ceiling			
Walls			
Windows			
Screens			
Drapes/Blinds			
Doors			
Closets			
Light Fixtures			
Commode			
Sink			
Faucets			
Tub			
Shower & Head			
Soap Dish			
Curtain Rod			
Mirror			
Medicine cabinets			
Counter Tops			
Cabinets & Drawers			
Towel Bars			
Exhaust Fan			
Heat Lamp			
Miscellaneous			

Move IN-OUT Inspection Sheet

Address \_\_\_\_\_

Date: ____/____/200__	Condition	Comments	Repairs
Bedroom __			
Floors			
Carpet			
Ceiling			
Walls			
Windows			
Screens			
Drapes/Blinds			
Doors			
Closets			
Fireplace			
Light Fixtures			
Furnishings			
Bathroom __			
Floors			
Ceiling			
Walls			
Windows			
Screens			
Drapes/Blinds			
Doors			
Closets			
Light Fixtures			
Commode			
Sink			
Faucets			
Tub			
Shower & Head			
Soap Dish			
Curtain Rod			
Mirror			
Medicine cabinets			
Counter Tops			
Cabinets & Drawers			
Towel Bars			
Exhaust Fan			
Heat Lamp			
Miscellaneous			