

CHECK-IN SHEET

Landlord has provided this Check-In Sheet as required by Wis. Stat. § 704.08. Tenant has 7 days from the date Tenant commences occupancy to complete this Check-In Sheet and return it to Landlord.

PREMISES:	
LANDLORD/MANAGER:	
Contact Information:	TENANT(S):
Phone:	
Fax:	Date Sheet Given to Tenant:
email:	

Please note "None" or "N/A" as applicable.

ROOM/AREA:

TENANT COMMENTS REGARDING CONDITION OF PREMISES:

Kitchen
Living room
Dining room
Hallways
Bathroom #1:
Bathroom #2:

Bedroom #1:
Bedroom #2:
Bedroom #3:
Exterior:
Appliances:
Basement:
General / Miscellaneous:

The purpose of this form is for Tenant to make comments, if any, about the condition of the Premises. If Tenant does not complete and return this Check-In Sheet, then Tenant will have deemed the condition of the Premises to be acceptable.

Tenant Signature

Date

Tenant Signature

Date

Landlord Acknowledges the Check –In Sheet received from Tenant:

Landlord Signature

Date

Security Deposit Paid