



All Star Realty
Phone #: 706-323-2778

E-Mail Work Orders To: dstanton@allstarrealty.us

Review the following items for cleanliness and functionality. Acceptable items may be marked with an "X" (if left blank, it will be assumed they were in acceptable condition). Describe dirty, damaged or non-functioning items.

<u>Item Description</u>	<u>Move-In Condition</u>	<u>Move-Out Condition</u>	<u>Est. Cost to Cure</u>
KITCHEN			
Flooring/Carpets			\$
Walls/Baseboards/Ceiling			\$
Cabinets/Shelves/ Counters			\$
Drawers/Doors			\$
Stovetop/Burners/Drip Pans			\$
Hood: Filter/Fan/ Bulb			\$
Oven: Racks/Glass/Broiler Pan/Bulb			\$
Refrig/Freezer: Racks/Drawers/Bulbs			\$
Undemeath Appliances			\$
Fixtures/Bulbs/Switches/Socket			\$
Sink/Under Sink/Disposal			\$
Dishwasher			\$
Windows/Tracks/Screens			\$
Window Coverings			\$
Other:			\$
DINING ROOM			
Flooring/Carpets			\$
Walls/Baseboards/Ceiling			\$
Cabinets/Shelves/ Counters			\$
Drawers/Doors			\$
Light Fixtures/Bulbs/Switches/Socket			\$
Windows/Tracks/Screens			\$
Window Coverings			\$
Other:			\$
LIVING/FAMILY ROOM			
Flooring/Carpets			\$
Walls/Baseboards/Ceiling			\$
Cabinets/Shelves/ Counters			\$
Drawers/Doors			\$
Light Fixtures/Bulbs/Switches/Socket			\$
Window Coverings			\$
Other:			\$
BATHROOM#1			
Flooring/Carpets			\$
Cabinets/Shelves/ Counters			\$
Drawers/Doors			\$
Light Fixtures/Bulbs/Switches/Socket			\$
Window Coverings			\$
Toilet/Shower/Tub			\$
Other:			\$
BATHROOM#2			
Flooring/Carpets			\$
Cabinets/Shelves/ Counters			\$
Drawers/Doors			\$
Light Fixtures/Bulbs/Switches/Socket			\$
Window Coverings			\$
Toilet/Shower/Tub			\$
Other:			\$

Property Address:

Returned Date _____



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<u>Item Description</u>	<u>Move-In Condition</u>	<u>Move-Out Condition</u>	<u>Est. Cost to Cure</u>
BEDROOM #1			
Flooring/Carpets			\$
Walls			\$
Baseboards			\$
Ceiling			\$
Cabinets/Shelves/ Counters			\$
Drawers/Doors			\$
Light Fixtures/Bulbs/Switches/Sockets			\$
Window Coverings			\$
Closets			\$
Other:			\$
BEDROOM #2			
Flooring/Carpets			\$
Walls			\$
Baseboards			\$
Ceiling			\$
Cabinets/Shelves/ Counters			\$
Drawers/Doors			\$
Light Fixtures/Bulbs/Switches/Sockets			\$
Window Coverings			\$
Closets			\$
Other:			\$
BEDROOM #3			
Flooring/Carpets			\$
Walls			\$
Baseboards			\$
Ceiling			\$
Cabinets/Shelves/ Counters			\$
Drawers/Doors			\$
Light Fixtures/Bulbs/Switches/Sockets			\$
Window Coverings			\$
Closets			\$
Other:			\$
MICELLANEOUS			
Heater/Hot Water Heater			\$
Air Conditioner			\$
Electrical/Gas/Plumbing			\$
Smoke Detector			\$
Doorbell			\$
Other:			\$
EXTERIOR			
Driveway/Stains			\$
Screens/Storm Door			\$
Front Door/Back Door			\$
Light Fixtures/Bulbs			\$
Other			\$

Tenant Remarks:

Property Manager Remarks:



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<u>Item Description</u>	<u>Move-In Condition</u>	<u>Move-Out Condition</u>	<u>Est. Cost to Cure</u>
BEDROOM #1			
Flooring/Carpets			\$ _____
Walls			\$ _____
Baseboards			\$ _____
Ceiling			\$ _____
Cabinets/Shelves/ Counters			\$ _____
Drawers/Doors			\$ _____
Light Fixtures/Bulbs/Switches/Socket			\$ _____
Window Coverings			\$ _____
Closets			\$ _____
Other:			\$ _____
BEDROOM #2			
Flooring/Carpets			\$ _____
Walls			\$ _____
Baseboards			\$ _____
Ceiling			\$ _____
Cabinets/Shelves/ Counters			\$ _____
Drawers/Doors			\$ _____
Light Fixtures/Bulbs/Switches/Socket			\$ _____
Window Coverings			\$ _____
Closets			\$ _____
Other:			\$ _____

GARAGE

- Number of Openers Received _____
- Doors/Ceilings/Walls _____
- Light Fixtures _____
- Electrical Outlets _____
- Other Misc. _____

Tenants Remarks:

Property Manager Remarks Only:

I/We the Tenant(s) of the above mentioned leased premises located at _____ do hereby understand that this inspection report is intended as protection from liability for the condition of the leased premises and becomes part of my rental file. It will be used to compare the condition of the leased premises upon move-out. I accept the property as-is if I do not return this form to All Star Realty by _____. I understand that the cost to cure and damages or discrepancies not indicated on this form may be deducted from my/our security deposit. I/We are fully aware that I/We are responsible for paying for any damages that exceeds my/our deposits. I/We received _____ Keys. Returned _____ keys on _____.

Tenant Signature _____ Date _____

C21 Representative Signature _____ Date _____