



INSPECTION REPORT

Tenant(s): _____

Address: _____

THIS FORM MUST BE RETURNED AND SIGNED WITHIN 48 HOURS OR TENANT WILL BE HELD RESPONSIBLE FOR ALL DAMAGES.

ROOMS	MOVE-IN INSPECTION	MOVE-OUT INSPECTION
	Date _____ The Tenant accepts responsibility for the condition of the above described property "AS IS" with any exceptions listed below.	Date _____ If the following inspection reveals any damages beyond normal wear and tear, deductions are to be made from Tenant's security deposit.
Living-Dining		
	[] Okay	[] Okay
Kitchen		
	[] Okay	[] Okay
Halls		
	[] Okay	[] Okay
Bedroom (1)		
	[] Okay	[] Okay
Bedroom (2)		
	[] Okay	[] Okay
Bedroom (3)		
	[] Okay	[] Okay
Bedroom (4)		
	[] Okay	[] Okay
Bathroom (1)		
	[] Okay	[] Okay
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Bathroom (2)		
	[] Okay	[] Okay
Bathroom (3)		
	[] Okay	[] Okay
Outside		
	[] Okay	[] Okay
Other Comments	MOVE-IN INSPECTION	MOVE-OUT INSPECTION
	[] Okay	[] Okay
	NOTICE: The Tenant(s) shall be responsible for the condition of property "AS IS", and any damage beyond normal wear and tear will be paid for at the Tenant's expense.	Date Vacated: _____
		All keys returned including deadbolt and mail box? _____
		Forwarding Address: _____
		Tenant
		Tenant
		Landlord

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