

PLEASE SIGN THIS COPY, INITIAL EACH PAGE, AND RETURN TO OFFICE WITHIN 7 DAYS.

Name

Date

MOVE-IN DAMAGE REPORT FOR SPACE , (ADDRESS)

EXTERIOR:

Skirting

Paneling

Water heater

Outside faucet

Fences:

Trees

Yard

Screens all there and undamaged

Windows clean

FRONT PORCH:

Steps

Porch light is clean and working

Front door

Thresh-hold clean

BACK PORCH:

Back door

Porch light

Thresh-hold is clean

Steps

INTERIOR:

Carpet entry vinyl other vinyl

Light switches and outlet covers are all clean

Heat register covers

Heat vents are all cleaned out

Windows are all washed and the ledges are all clean

Curtains

Blinds

Smoke alarm

Storm windows

Air conditioner vent

Shelves and cabinets lined with shelf paper

Light fixtures bulbs

Walls and ceilings

Moldings are all present and undamaged. No damage to any of the door jambs.

LIVING ROOM

Bar
Under bar
Window coverings
Walls
Floor
Light fixture
Ceiling

KITCHEN:

Wall behind range
Acrylic panel behind range
Counters
Fan above range
Range
Oven and broiler
Dishwasher
Floor
Refrigerator
Window coverings
Walls
Ceiling
Light fixture
Cabinets
Drawers
Sink
Faucets

MASTER BATH:

Walls
Ceiling
Door
Light fixtures
Fan
Cabinets
Sink faucets
Tub faucet
Drain plug in tub
Tub
Shower rod
Towel bars
Toilet paper holder
Window coverings
Sink
Toilet

Countertop
Vanity mirror
Floor

MASTER BEDROOM:

Door
Window coverings
Walls
Ceiling
Light fixture
Floor
Closet door
Closet
Moldings

LAUNDRY ROOM:

Washer
Dryer
Wall
Heater cover clean. DO NOT REMOVE COVER EXCEPT TO CLEAN.
BE SURE IT IS REPLACED!!!

Floor
Light fixture
Sink
Shelf
Cabinets
Moldings
Ceiling

BEDROOM #2

Walls
Ceiling
Door
Light fixture
Floor
Closet
Closet door
Window coverings
Moldings

BATHROOM #2

Walls
Ceiling
Door
Light fixtures

Fan
Cabinets
Sink faucets
Tub faucet
Drain plug in tub
Tub
Shower rod
Towel bars
Toilet paper holder
Window coverings
Sink
Toilet
Countertop
Vanity mirror
Floor
Moldings

BEDROOM #3

Walls
Ceiling
Door
Light fixture
Floor
Closet
Closet door
Window coverings
Moldings

LIST OF APPLIANCES:

RANGE:	MODEL:	SERIAL:
REFRIGERATOR:	MODEL:	SERIAL:
DISHWASHER:	MODEL:	SERIAL:
WASHER:	MODEL:	SERIAL:
DRYER:	MODEL:	SERIAL:

PLEASE ADD ANY OTHER DAMAGES YOU MAY OBSERVE ON THIS FORM.
RETURN TO OFFICE. YOU WILL RECEIVE COPIES. THANK YOU.