



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		
	<input type="checkbox"/> Okay	<input type="checkbox"/> Okay
Kitchen		
	<input type="checkbox"/> Okay	<input type="checkbox"/> Okay
Halls		
	<input type="checkbox"/> Okay	<input type="checkbox"/> Okay
Bedroom (1)		
	<input type="checkbox"/> Okay	<input type="checkbox"/> Okay
Bedroom (2)		
	<input type="checkbox"/> Okay	<input type="checkbox"/> Okay
Bedroom (3)		
	<input type="checkbox"/> Okay	<input type="checkbox"/> Okay
Bedroom (4)		
	<input type="checkbox"/> Okay	<input type="checkbox"/> Okay
Bathroom (1)		
	<input type="checkbox"/> Okay	<input type="checkbox"/> Okay

Phone:

Fax:

Bathroom (2)		
	<input type="checkbox"/> Okay	<input type="checkbox"/> Okay
Bathroom (3)		
	<input type="checkbox"/> Okay	<input type="checkbox"/> Okay
Outside		
	<input type="checkbox"/> Okay	<input type="checkbox"/> Okay
Other Comments	MOVE-IN INSPECTION	MOVE-OUT INSPECTION
	<input type="checkbox"/> Okay	<input type="checkbox"/> 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
Tenant	Tenant	
Landlord	Landlord	

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Form 420
PAGE 2 OF 2