Move Out Inventory & Condition Form

Inspection Date: 01-08-2020

Technician: Sheila Crockett

Property: Bromley House

Units: A101

CLEANLINESS:

Swept / Mopped: Ok

Closets cleared: Ok

Frig /Stove clean: Ok

No personal items: Ok

Other: Ok

LIVING ROOM:

Walls / Outlets: Ok

Ceilings / Lights: Ok

Window: Ok

Door / Closet: Ok

Window coverings: Ok

Other: Ok

DINING ROOM:

Walls / Outlets: Ok

Ceilings / Lights: Ok

Window: Ok

Window coverings: Ok

KITCHEN:

Electric Meter: Ok

Cabinets: Ok

Cabinet Door: Ok

Cabinet Shelf: Ok

Cabinet Handle: Ok

Counter Top: Ok

Refrigerator (Freezer): Ok

Refrigerator (Shelf and Bars): Ok

Refrigerator (Drawers): Ok

Refrigerator Crisper Glass/Plastic: Ok

Cleaning Refrigerator: Ok

Dishwasher Rack: Ok

Dishwasher Silverware Holder: Ok

Dishwasher Knob: Ok

Fire Stops: Ok

Formica/Tiles: Ok

Stove Knob: Ok

Microwave: Ok

Cleaning of Stove: Ok

Ceiling Lights: Ok

Garbage Disposal: Ok

Rubber Stopper: Ok

Oven Door Handle: Ok

Oven Racks: Ok

Kitchen Sink: Ok

Faucet Knobs: Ok

Floors: Ok

Faucet: Ok

Drip Pan: Ok

Range Hood: Ok

Range Top: Ok

Ceiling Light Fixture: Ok

Backsplash: Ok

Ceiling Fan: Ok

Washer/Dryer: Ok

Wall Outlets: Ok

Window Coverings: Ok

Other: Ok

Resident:

Lindy Community Representative Name: Sheila Crockett

Forwarding Mailing Address:

Date Resident Turned in Keys:

Technician: Sheila Crockett

Resident not available for signature : NO

Resident refused Signature : NO