



Move Out Inventory & Condition Form

Inspection Date	Technician	Property	Units
04-05-2022	Stephen Cicala	Westgate Arms	A3

Approved By	Stephen Cicala
Resident Name	Janet Hallman-Bruno
Forwarding Mailing Address	2042 W. Main Street, Apt. 12, Norristown, PA 19403
Date Resident Turned in Keys	04-04-2022

Damage Summary				
Main Category	Sub Category	Charges Type	Note	Charges
Additional Damage Charges				
Total Charges				\$0.00

LIVING ROOM:	
Ceilings / Lights:	Ok
Door / Closet:	Ok
Other:	Ok
Walls / Outlets:	Ok
Window:	Ok
Window coverings:	Ok

DINING ROOM:	
Ceilings / Lights:	Ok
Walls / Outlets:	Ok
Window:	Ok
Window coverings:	Ok

KITCHEN:	
Backsplash:	Ok

Cabinets:		
Cabinet Door:		Ok

Cabinets:		
Cabinet Handle:		Ok

Cabinets:		
Cabinet Shelf:		Ok

Ceiling Fan:	Ok
Ceiling Light Fixture:	Ok
Ceiling Lights:	Ok
Cleaning of Stove:	Ok
Counter Top:	Ok

Dishwasher:		
Dishwasher Knob:		Ok

Dishwasher:		
Dishwasher Rack:		Ok

Dishwasher:		
Dishwasher Silverware Holder:		Ok

Drip Pan:	Ok
Electric Meter:	Ok
Faucet:	Ok
Faucet Knobs:	Ok
Fire Stops:	Ok
Floors:	Ok
Formica/Tiles:	Ok
Garbage Disposal:	Ok
Kitchen Sink:	Ok
Microwave:	Ok
Other:	Ok

Oven / Range:		
Oven Cleaning:		Ok

Oven / Range:		
Oven door handle:		Ok

Oven / Range:		
Oven drip pan:		Ok

Oven / Range:		
Oven knobs:		Ok

Oven / Range:		
Oven Racks:		Ok

Oven / Range:		
Range burners:		Ok

Oven / Range:		
Range Hood:		Ok

Oven Door Handle:	Ok	
Oven Racks:	Ok	
Range Top:	Ok	

Refrigerator (Freezer):		
Cleaning Refrigerator:		Ok

Refrigerator (Freezer):		
Refrigerator (Drawers):		Ok

Refrigerator (Freezer):		
Refrigerator (Shelf and Bars):		Ok

Refrigerator (Freezer):		
Refrigerator Crisper Glass/Plastic:		Ok

Rubber Stopper:	Ok	
Stove Knob:	Ok	
Wall Outlets:	Ok	
Washer/Dryer:	Ok	
Window Coverings:	Ok	

BEDROOMS:	
Ceilings / Lights:	Ok
Door / Closet:	Ok
Floors / Carpet:	Ok
Other:	Ok
Walls / Outlets:	Ok
Window:	Ok
Window coverings:	Ok

BATHROOM:	
Cabinets / Mirror:	Ok
Ceiling Lights:	Ok
Cleaning Bathroom:	Ok
Complete Toilet:	Ok
Counter Top:	Ok
Floors:	Ok
Formica /Tile:	Ok
Is there signs of moisture from outside in the apartment?:	Ok
Medicine Cabinet:	Ok
Mirror Cabinet:	Ok
Other:	Ok
Remove Mildew on Tiles:	Ok
Shower Curtain Bar:	Ok
Shower Head:	Ok
Sink:	Ok
Soad Dish (Tub):	Ok
Soap Dish (Sink):	Ok
Toilet Paper Holder:	Ok
Toilet Tank:	Ok
Towel Bar:	Ok
Tub Knob(s):	Ok
Tub Reglazing:	Ok
Vanity Cabinet:	Ok
Wall Outlets:	Ok

Window:	Ok
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LOCKS:	
Door Knob:	Ok
Door Lock:	Ok
Ensure the apartment door has an automatic closure and closes properly. :	Ok
Fix Door when extra lock is removed:	Ok
Mail-Box Lock:	Ok

KEYS:	
Failure To Return Apartment Key:	Ok
Failure To Return Mailbox Key:	Ok

DOORS:	
Apartment Door:	Ok
Apartment Door closes automatically:	Ok
Frame:	Ok
Hollow:	Ok
Solid Core & Steel:	Ok

PAINTING:	
Border Removal (Per Room):	Ok
Holes in Walls (Each Hole):	Ok
Over Dark Colors (Per Room):	Ok
Wallpaper Removal (Per Room):	Ok

CARPET:	
Burns:	Ok
Deodorize:	Ok
Pet Treatment (Odor):	Ok
Replace Carpet 1 Bedroom:	Ok
Replace Carpet 2 Bedroom:	Ok
Shampoo 1 Bedroom:	Ok
Shampoo 2 Bedroom:	Ok
Stain Removal:	Ok

MISCELLANEOUS:	
Broken Window Glass (Per Pane):	Ok
Cabinet Equipment:	Ok
Carbon Monoxide Detector:	Ok
Cleaning of Apartment:	Ok
Clear Storage Locker:	Ok
Closet Shelves:	Ok
Common Area damaged during moveout:	Ok
Door Intercom System:	Ok
Exhaust Fan:	Ok
Fan Blades:	Ok
Fire extinguisher:	Ok
If fire stops have been installed throughout the property, ensure fire stops are installed.:	Ok
Light Globes:	Ok
Mini Blind(s) each:	Ok
Outside Lights:	Ok
Phone Jack:	Ok
Rallings:	Ok
Removal Of Bulk Items:	Ok
Remove Debris (Per Bag):	Ok
Sliding Mirror/Glass Door (2):	Ok
Smoke Detector Alarm:	Ok
Stoppage by foreign object in any drain:	Ok
Switch Plate Covers:	Ok
Thermostat Cover:	Ok
Vertical Blinds:	Ok
Vinly Tile Bathroom:	Ok
Vinly Tile Kitchen:	Ok
Window Screen(s) each:	Ok
Window Sills:	Ok

OVERALL:	
Signs of Moisture inside the apartment:	Ok

Signs of Moisture outside the apartment:	Ok
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Resident	
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Lindy Community Representative Name	Stephen Cicala
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Technician	Stephen Cicala
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Resident not available for signature	YES
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Resident refused Signature	NO
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