




# Move Out Inventory & Condition Form

Inspection Date	Technician	Property	Units
04-19-2021	Peter Tester	201-207 Leedom St.	207-101

Resident Name	Lindy Property
Forwarding Mailing Address	Ch hi
Date Resident Turned in Keys	Not Available

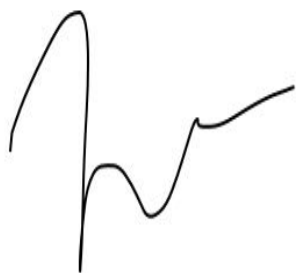
Damage Summary				
Main Category	Sub Category	Charges Type	Note	Charges
Dishwasher	Dishwasher Rack	Clean		\$0.00
Additional Damage Charges				
Total Charges				\$0.00

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

Dishwasher:	
Dishwasher Rack:	Not Ok
Charges Type	Clean
Charges	
Comment	Test
	
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 Door Handle:	Ok
Oven Racks:	Ok
Oven / Range:	Ok
Range Top:	Ok
Refrigerator (Freezer):	Ok
Rubber Stopper:	Ok
Stove Knob:	Ok
Wall Outlets:	Ok
Washer/Dryer:	Ok

Window Coverings:	Ok
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Resident	test
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Lindy Community Representative Name	Peter Tester
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Technician	Peter Tester
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Resident not available for signature	NO
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Resident refused Signature	NO
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