



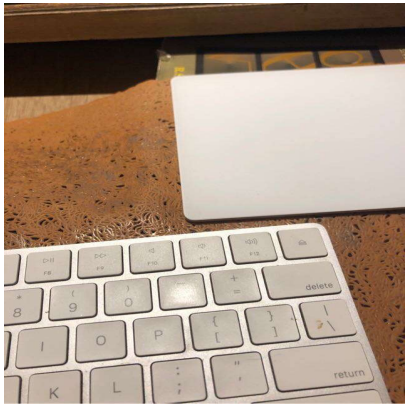
Move Out Inventory & Condition Form

Inspection Date	Technician	Property	Units
08-13-2021	Peter Tester	201-207 Leedom St.	207-102

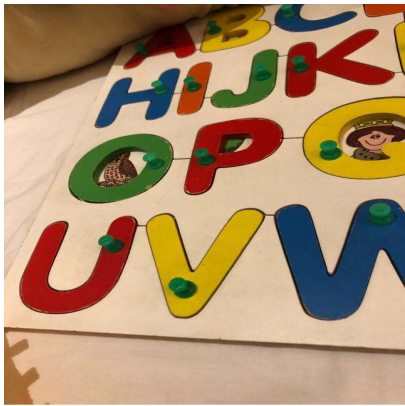
Approved By	Auto Approved
Resident Name	Independent Clinical
Forwarding Mailing Address	Forwarding
Date Resident Turned in Keys	08-13-2021

Damage Summary				
Main Category	Sub Category	Charges Type	Note	Charges
LIVING ROOM	Ceilings / Lights	Replace		\$0.00
LIVING ROOM	Walls / Outlets	Repair		\$0.00
LIVING ROOM	Window	Clean		\$0.00
DOORS	Apartment Door	Repair		\$75.00
Additional Damage Charges				
Total Charges				\$75.00

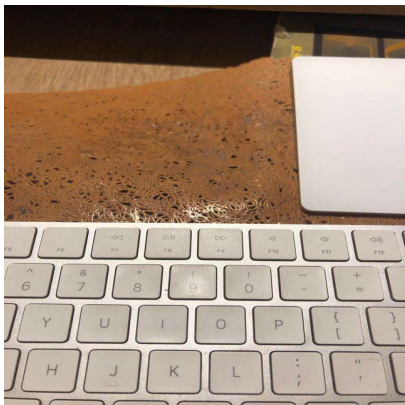
LIVING ROOM:	
Ceilings / Lights:	Not Ok
Charges Type	Replace
Charges	
Comment	Ceilings



Walls / Outlets:	Not Ok
Charges Type	Repair
Charges	
Comment	Walls outlet



Window:	Not Ok
Charges Type	Clean
Charges	
Comment	Window



DOORS:	
Apartment Door:	Not Ok
Charges Type	Repair

Charges	
Comment	Doors



Resident	test
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Lindy Community Representative Name	Peter Tester
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Technician	Peter Tester
Resident not available for signature	YES
Resident refused Signature	YES