



Move Out Inventory & Condition Form

Inspection Date	Technician	Property	Units
09-11-2020	Angie Wilson	York House (South)	0711

Resident Name	James Bryant
Forwarding Mailing Address	Not Available
Date Resident Turned in Keys	Aug-31-2020

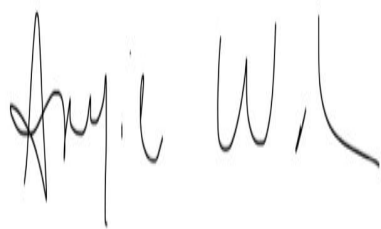
Damage Summary				
Main Category	Sub Category	Charges Type	Note	Charges
Additional Damage Charges				
Total Charges				\$0.00

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	Angie Wilson
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Technician	Angie Wilson
Resident not available for signature	YES
Resident refused Signature	NO