



Move Out Inventory & Condition Form

Inspection Date	Technician	Property	Units
11-30-2020	Dave Kimmel	Meadowbrook	110

Resident Name	Chelsea Lettieri
Forwarding Mailing Address	Not Available
Date Resident Turned in Keys	Not Available


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
BATHROOM:	
Medicine Cabinet:	Ok
Mirror Cabinet:	Ok
Vanity Cabinet:	Ok

Sink:	Ok
Toilet Tank Cover:	Ok
Toilet Tank:	Ok
Toilet Bowl:	Ok
Complete Toilet:	Ok
Toilet Paper Holder:	Ok
Shower Head:	Ok
Tub Knob(s):	Ok
Shower Curtain Bar:	Ok
Towel Bar:	Ok
Tub Reglazing:	Ok
Counter Top:	Ok
Soap Dish (Sink):	Ok
Soad Dish (Tub):	Ok
Remove Mildew on Tiles:	Ok
Cleaning Bathroom:	Ok
Wall Outlets:	Ok
Ceiling Lights:	Ok
Floors:	Ok
Formica /Tile:	Ok
Cabinets / Mirror:	Ok
Window:	Ok
Other:	Ok
Is there signs of moisture from outside in the apartment?:	Ok
LOCKS:	
Door Lock:	Ok
Door Knob:	Ok
Fix Door when extra lock is removed:	Ok
Mail-Box Lock:	Ok
Ensure the apartment door has an automatic closure and closes properly. :	Ok
DOORS:	
Apartment Door:	Ok
Solid Core & Steel:	Ok
Frame:	Ok

Hollow:	Ok
Resident	

Lindy Community Representative Name	Dave Kimmel
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Technician	Dave Kimmel
Resident not available for signature	YES
Resident refused Signature	NO