



Move Out Inventory & Condition Form

| Inspection Date | Technician | Property | Units |
|-----------------|---------------|-------------------|--------|
| 02-25-2026 | Joseph Cooper | Towers at Wyncote | 0227-1 |

| | |
|---|---------------|
| Resident Name | Alexis James |
| Forwarding Mailing Address | Not Available |
| Date Resident Turned in Keys (For evictions - date all belongings were removed) | Feb-25-2026 |

| LIVING ROOM: | |
|---------------------|--------|
| Ceilings / Lights: | Ok |
| Door / Closet: | Ok |
| Other: | Not Ok |
| Charges Type | Clean |
| Charges | |
| Comment | Trash |



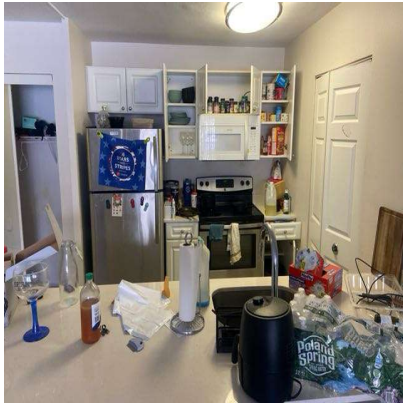
| | |
|-------------------|----|
| Plank Flooring: | Ok |
| Walls / Outlets: | Ok |
| Window: | Ok |
| Window coverings: | Ok |

| DINING ROOM: | |
|---------------------|----|
| Ceilings / Lights: | Ok |

| | |
|-------------------|----|
| Plank Flooring: | Ok |
| Walls / Outlets: | Ok |
| Window: | Ok |
| Window coverings: | Ok |

| | |
|-----------------|----|
| KITCHEN: | |
| Backsplash: | Ok |

| | |
|------------------|--------|
| Cabinets: | |
| Cabinet Door: | Not Ok |
| Charges Type | Clean |
| Charges | |
| Comment | Trash |



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|------------------|----|
| Cabinets: | |
| Cabinet Handle: | Ok |

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|------------------|----|
| Cabinets: | |
| Cabinet Shelf: | Ok |

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

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|--------------------|----|
| Dishwasher: | |
| Dishwasher Knob: | Ok |

| | |
|--------------------|--------|
| Dishwasher: | |
| Dishwasher Rack: | Not Ok |
| Charges Type | Clean |
| Charges | |
| Comment | Trash |



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|-------------------------------|----|
| Dishwasher: | |
| Dishwasher Silverware Holder: | Ok |

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|--|------------|
| Drip Pan: | Ok |
| Electric Meter: | Ok |
| Faucet: | Ok |
| Faucet Knobs: | Ok |
| Floors: | Ok |
| Formica/Tiles: | Ok |
| Garbage Disposal: | Ok |
| Is there a FireAvert red box, plug, and solenoid?: | Ok |
| Date of Installation | 2026-02-25 |
| Kitchen Sink: | Ok |
| Microwave: | Not Ok |
| Charges Type | Clean |
| Charges | |
| Comment | Clean |



Other:

Ok

| | |
|----------------------|--------|
| Oven / Range: | |
| Oven Cleaning: | Not Ok |
| Charges Type | Clean |
| Charges | |
| Comment | Clean |



| | |
|----------------------|----|
| Oven / Range: | |
| Oven door handle: | Ok |

| | |
|----------------------|----|
| Oven / Range: | |
| Oven drip pan: | Ok |

| | |
|----------------------|----|
| Oven / Range: | |
| Oven knobs: | Ok |

| | |
|----------------------|----|
| Oven / Range: | |
| Oven Racks: | Ok |

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|----------------------|----|
| Oven / Range: | |
| Range burners: | Ok |

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|----------------------|----|
| Oven / Range: | |
| Range Hood: | Ok |

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

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|--------------------------------|--------|
| Refrigerator (Freezer): | |
| Cleaning Refrigerator: | Not Ok |
| Charges Type | Clean |
| Charges | |
| Comment | Clean |



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|--------------------------------|----|
| Refrigerator (Freezer): | |
| Refrigerator (Drawers): | Ok |

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

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

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

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|--------------------|----|
| BEDROOMS: | |
| Ceilings / Lights: | Ok |

| | |
|------------------|--------|
| Door / Closet: | Ok |
| Floors / Carpet: | Ok |
| Other: | Not Ok |
| Charges Type | Clean |
| Charges | |
| Comment | Trash |



| | |
|-------------------|----|
| Plank Flooring: | Ok |
| Walls / Outlets: | Ok |
| Window: | Ok |
| Window coverings: | Ok |

| | |
|--------------------|--------------------|
| BATHROOM: | |
| Cabinets / Mirror: | Ok |
| Ceiling Lights: | Ok |
| Cleaning Bathroom: | Not Ok |
| Charges Type | Clean |
| Charges | |
| Comment | Trash and clean x2 |



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|------------------|----|
| Complete Toilet: | Ok |
|------------------|----|

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|--|-------------------------|
| 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: | Not Ok |
| Charges Type | Clean |
| Charges | |
| Comment | Remove adhesive x2 75\$ |



| | |
|-------------------------|----|
| Plank Flooring: | 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: | |
|---------------|--|

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|---|----|
| 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 |

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

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

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|-------------------------------|----|
| 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 |

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|---------------------------------|----|
| MISCELLANEOUS: | |
| Broken Window Glass (Per Pane): | Ok |
| Cabinet Equipment: | Ok |

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|--|-----------|
| 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 |
| 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: | Not Ok |
| Charges Type | Clean |
| Charges | |
| Comment | Trash out |



| | |
|--------------------------|-----------|
| Remove Debris (Per Bag): | Not Ok |
| Charges Type | Clean |
| Charges | |
| Comment | Trash out |



| | |
|--|--------|
| 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 |
| Was personal property left behind?: | No |
| Charges Type | |
| Charges | 0 |
| Was the resident locked out?: | Not Ok |
| Charges Type | |
| Charges | 0 |
| Window Screen(s) each: | Ok |
| Window Sills: | Ok |

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|--|----|
| 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 | Joseph Cooper |
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A handwritten signature in black ink, appearing to be 'JAC' or similar, written in a cursive style.

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|--------------------------------------|---------------|
| Technician | Joseph Cooper |
| Resident not available for signature | YES |
| Resident refused Signature | NO |