



Move Out Inventory & Condition Form


| Inspection Date | Technician | Property | Units |
|-----------------|--------------|--------------------|---------|
| 03-03-2021 | Peter Tester | 201-207 Leedom St. | 207-101 |

| | |
|------------------------------|----------------|
| Resident Name | Lindy Property |
| Forwarding Mailing Address | Not Available |
| Date Resident Turned in Keys | Mar-03-2021 |

| | |
|---------------------|------|
| 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 |
| Resident | test |

test

| | |
|-------------------------------------|--------------|
| Lindy Community Representative Name | Peter Tester |
|-------------------------------------|--------------|

A handwritten signature in black ink, consisting of a series of loops and a final horizontal stroke.

| | |
|--------------------------------------|--------------|
| Technician | Peter Tester |
| Resident not available for signature | NO |
| Resident refused Signature | NO |