



## Move Out Inventory & Condition Form

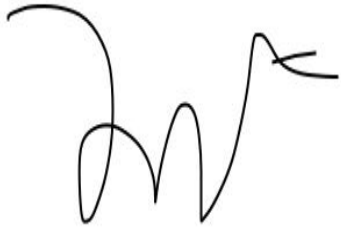
Inspection Date	Technician	Property	Units
06-29-2021	Peter Tester	201-207 Leedom St.	207-102

Resident Name	Independent Clinical
Forwarding Mailing Address	Not Available
Date Resident Turned in Keys	Not Available

LIVING ROOM:	
Ceilings / Lights:	Ok
Door / Closet:	Ok
Other:	Ok
Walls / Outlets:	Ok
Window:	Ok
Window coverings:	Ok

Resident	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