

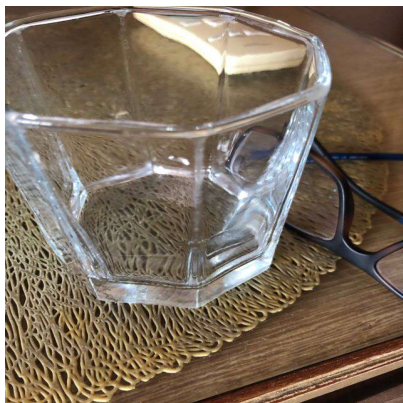


Move Out Inventory & Condition Form

Inspection Date	Technician	Property	Units
08-23-2021	Peter Tester	201-207 Leedom St.	207-102

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

LIVING ROOM:	
Walls / Outlets:	Not Ok
Charges Type	Replace
Charges	
Comment	Wall



DINING ROOM:	
Window:	Not Ok
Charges Type	Replace
Charges	
Comment	Window



KITCHEN:	
Fire Stops:	Ok

MISCELLANEOUS:	
Fire extinguisher:	Ok

Resident	test
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Lindy Community Representative Name	Peter Tester
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Technician	Peter Tester
Resident not available for signature	NO
Resident refused Signature	NO