



# Move Out Inventory & Condition Form

Inspection Date	Technician	Property	Units
10-16-2025	Dawn Buck	Eola	G007

Resident Name	Olivia Johnson
Forwarding Mailing Address	Not Available
Date Resident Turned in Keys (For evictions - date all belongings were removed)	Oct-16-2025

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

DINING ROOM:	
Ceilings / Lights:	Ok
Walls / Outlets:	Ok
Window:	Ok
Window coverings:	Ok

KITCHEN:	
Backsplash:	Ok
Cabinets:	Ok
Ceiling Fan:	Ok
Ceiling Light Fixture:	Ok
Ceiling Lights:	Ok
Cleaning of Stove:	Ok
Counter Top:	Ok

<b>Dishwasher:</b>	
Dishwasher Knob:	N/A

<b>Dishwasher:</b>	
Dishwasher Rack:	N/A

<b>Dishwasher:</b>	
Dishwasher Silverware Holder:	N/A

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	2025-03-30
Kitchen Sink:	Ok
Microwave:	Ok
Other:	Ok
Oven / Range:	Ok
Oven Door Handle:	Ok
Oven Racks:	Ok
Range Top:	Ok
Refrigerator (Freezer):	Ok
Rubber Stopper:	Ok
Stove Knob:	Ok
Wall Outlets:	Ok
Washer/Dryer:	N/A
Window Coverings:	Ok

<b>BEDROOMS:</b>	
Ceilings / Lights:	N/A
Door / Closet:	N/A

Floors / Carpet:	N/A
Other:	N/A
Walls / Outlets:	N/A
Window:	N/A
Window coverings:	N/A

<b>BATHROOM:</b>	
Cabinets / Mirror:	Ok
Ceiling Lights:	Ok
Cleaning Bathroom:	Not Ok
Charges Type	Clean
Charges	
Comment	Not cleaned



Complete Toilet:	Ok
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:	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

<b>LOCKS:</b>	
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

<b>KEYS:</b>	
Failure To Return Apartment Key:	Ok
Failure To Return Mailbox Key:	Ok

<b>DOORS:</b>	
Apartment Door:	Ok
Apartment Door closes automatically:	Ok
Frame:	Ok
Hollow:	Ok
Solid Core & Steel:	Ok

<b>PAINTING:</b>	
Border Removal (Per Room):	Ok
Holes in Walls (Each Hole):	Ok
Over Dark Colors (Per Room):	Ok
Wallpaper Removal (Per Room):	Ok

<b>CARPET:</b>	
Burns:	N/A
Pet Treatment (Odor):	N/A

Replace Carpet 1 Bedroom:	N/A
Replace Carpet 2 Bedroom:	N/A
Shampoo 1 Bedroom:	N/A
Shampoo 2 Bedroom:	N/A
Stain Removal:	N/A

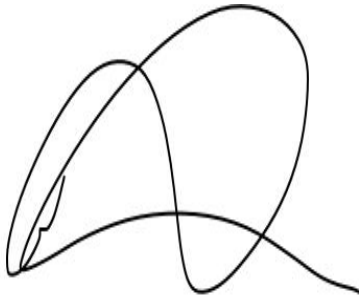
<b>MISCELLANEOUS:</b>	
Broken Window Glass (Per Pane):	Ok
Cabinet Equipment:	Ok
Carbon Monoxide Detector:	Ok
Cleaning of Apartment:	Ok
Clear Storage Locker:	Ok
Closet Shelves:	Ok
Common Area damaged during moveout:	Ok
Door Intercom System:	Ok
Exhaust Fan:	Ok
Fan Blades:	Ok
If fire stops have been installed 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:	Ok
Remove Debris (Per Bag):	Ok
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
Window Screen(s) each:	Ok

Window Sills:	Ok
---------------	----

<b>OVERALL:</b>	
Signs of Moisture inside the apartment:	Ok
Signs of Moisture outside the apartment:	Ok

Resident	
----------	--

Lindy Community Representative Name	Dawn Buck
-------------------------------------	-----------



Technician	Dawn Buck
Resident not available for signature	YES
Resident refused Signature	NO