



Move Out Inventory & Condition Form

Inspection Date	Technician	Property	Units
11-25-2020	Peter Tester	201-207 Leedom St.	207-102

Resident Name	Independent Clinical
Forwarding Mailing Address	Imp
Date Resident Turned in Keys	Nov-25-2020

BATHROOM:	
Medicine Cabinet:	Ok
Mirror Cabinet:	Ok
Vanity Cabinet:	Ok
Sink:	Ok
Toilet Tank Cover:	Ok
Toilet Tank:	Ok
Toilet Bowl:	Ok
Complete Toilet:	Ok
Toilet Paper Holder:	Ok
Shower Head:	Ok
Tub Knob(s):	Ok
Shower Curtain Bar:	Ok
Towel Bar:	Ok
Tub Reglazing:	Ok
Counter Top:	Ok
Soap Dish (Sink):	Ok
Soad Dish (Tub):	Ok
Remove Mildew on Tiles:	Ok
Cleaning Bathroom:	Ok
Wall Outlets:	Ok

Ceiling Lights:	Ok
Floors:	Ok
Formica /Tile:	Ok
Cabinets / Mirror:	Ok
Window:	Ok
Other:	Ok
Is there signs of moisture from outside in the apartment?:	Ok
Resident	test



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