




Move Out Inventory & Condition Form

Inspection Date	Technician	Property	Units
11-30-2020	Dave Kimmel	Meadowbrook	110

Resident Name	Chelsea Lettieri
Forwarding Mailing Address	Not Available
Date Resident Turned in Keys	Not Available

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
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
LOCKS:	
Door Lock:	Ok
Door Knob:	Ok
Fix Door when extra lock is removed:	Ok
Mail-Box Lock:	Ok
Ensure the apartment door has an automatic closure and closes properly. :	Ok
DOORS:	
Apartment Door:	Ok
Solid Core & Steel:	Ok
Frame:	Ok
Hollow:	Ok
Resident	

Lindy Community Representative Name	Dave Kimmel
	
Technician	Dave Kimmel
Resident not available for signature	YES
Resident refused Signature	NO