



The right connection. Guaranteed.

MOVE OUT INSPECTION FORM

Please fill out the following Condition at Move-Out. This form must be filled out and returned to us promptly in order to determine if you are liable for any damages to your apartment incurred during your tenancy.

Condition (please check one):

- E - Excellent
- G - Good
- P - Poor

Living Room				
Items	Condition			Comments
	E	G	P	
Carpeting				
Walls				
Ceiling				
Windows				
Screens				
Blinds				
Floors				
Furniture				
Windows				

Kitchen				
Items	Condition			Comments
	E	G	P	
Stove Top				
Burners				
Oven				
Refrigerator				
Freezer				
Sink				
Faucets				
Fixtures				
Cabinets				
Shelves				
Countertop				
Walls				
Ceiling				
Floor				
Dishwasher				
Microwave				



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Dining Room				
Items	Condition			Comments
	E	G	P	
Carpeting				
Walls				
Ceiling				
Floors				
Windows				
Furniture				

Bathroom(s)				
Items	Condition			Comments
	E	G	P	
Bathtub				
Toilet				
Sink				
Mirror				
Cabinets				
Towel Racks				
Walls				
Ceiling				
Floor				
Fixtures				

Bedroom				
Items	Condition			Comments
	E	G	P	
Carpeting				
Walls				
Ceiling				
Windows				
Furniture				
Blinds				
Floors				
Closet				
Fixtures				

I hereby state that the above premises are in good order except as otherwise specified hereon. I hereby acknowledge that the above is an accurate statement of the condition of the property at the time of termination of my occupancy. I further understand that if there is a substantial discrepancy in the condition of the property at the time of my taking occupancy and at the termination of my tenancy, I shall pay for any costs to restore the property to its original condition at the time I took possession of the property, normal wear and tear excepted.

Employee Signature Date