

APARTMENT INSPECTION FORM

Date: _____ Owner: _____ Manger/Owner: _____

Signature

Apt. # _____ Address: _____ Tenant: _____

Signature

PLEASE COMPLETE AND **RETURN TO LOCATORS LTD WITHIN SEVEN DAYS** OF MOVE IN. PLACE AN "X" BEFORE ANY DEFFECTIVE ITEM AND EXPLAIN EACH. WRITE "N/A" (NOT APPLICABLE) IF ITEM IS NOT PRESENT IN THE UNIT. IF TENANT FAILS TO TURN THIS BACK IN WE WILL DEEM THE PROPERTY IN GOOD CLEAN SAFE CONDITION.

KITCHEN APPLIANCES

- Range _____
- Hood Fan _____
- Disposal _____
- Refrigerator _____

KITCHEN

- Floor _____
- Sink-Faucets _____
- Cabinets _____
- Counter Tops _____
- Walls-Ceiling _____
- Fixture & Bulbs _____
- Windows-Screens _____
- Other (List) _____

BEDROOM #1

- Walls/Ceilings _____
- Floor (Carpet) _____
- Closets _____
- Windows-Screens _____
- Other (List) _____

BEDROOM #2

- Walls-Ceilings _____
- Floor (Carpet) _____
- Closets _____
- Fixtures & Bulbs _____
- Windows-Screens _____
- Other (List) _____

BEDROOM #3

LIVING ROOM

- Floor (Carpet) _____
- Wall- Ceilings _____
- Windows-Screens _____
- Fixtures & Bulbs _____
- Drapes/Rods _____
- Other (List) _____

- Walls-Ceilings _____
- Floor (Carpet) _____
- Closets _____
- Windows & Screens _____
- Other (List) _____

HALLWAY/ENTRY

BATHROOM

- Med. Cabinet _____
- Toilet _____
- Ceramic Tile/Caulk _____
- Towel Bars _____
- Vanity/Wash basin _____
- Faucets _____
- Walls-Ceiling _____
- Windows-Screens _____
- Floor _____
- Exhaust Fan _____
- Other (List) _____

- Closets _____
- Fixtures & Bulbs _____
- Walls & Ceilings _____
- Doors & Locks _____
- Floor _____
- Other (List) _____

DINING ROOM

- Walls-Ceilings _____
- Floor (Carpet) _____
- Fixtures & Bulbs _____
- Windows-Screens _____
- Other (List) _____

(List)

ABOVE SIGNED HAS EXAMINED AND KNOWS THE CONDITION OF THIS APARTMENT, ITS EQUIPMENT AND APPLIANCES, AND RECEIVED SAME IN GOOD ORDER, WITH ONLY THOSE EXCEPTIONS ABOVE NOTED. NOTE: THIS FORM IS NOT INTENDED FOR A WORK OR REPAIR ORDER. IT IS TO BE USED AS THE BASIS OF THE DETERMINATION OF THE CONDITION OF THE RENT. FOR ADDITIONAL COMMENTS PLEASE USE REVERSE SIDE.