

Republic Plaza

TENANT MOVE-OUT CHECK LIST

TENANT: _____

SUITE: _____ DATE: _____

MOVE OUT DATE: _____
Tentative Final

Forwarding Address: _____

New Phone: _____

		Y	N	Amount
Outstanding Changes:		<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
		Y	N	Amount
Outstanding Credits:		<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Notified Vendors:	Y	N		
Newspaper:		<input type="checkbox"/>	<input type="checkbox"/>	
Water:		<input type="checkbox"/>	<input type="checkbox"/>	
Plants:		<input type="checkbox"/>	<input type="checkbox"/>	
Other: _____		<input type="checkbox"/>	<input type="checkbox"/>	
		Y	N	
Returned Security Keys:		<input type="checkbox"/>	<input type="checkbox"/>	
		Y	N	
Returned Brass Keys:		<input type="checkbox"/>	<input type="checkbox"/>	
Moving Insurance:	Y	N		
		<input type="checkbox"/>	<input type="checkbox"/>	

Contractor: _____ Certificate

Moving Contact Name and Number:

Use of Freight Elevator : Y N

☐☐

Date(s): _____ Time(s): _____

Final Walk Through completed on: _____ at _____ a.m. / p.m.

Y

N

Damage: ☐ e damage: _____

☐☐

1. To Be Completed by Property Management and Tenant

Landlord
Signature: _____

Tenant
Signature: _____

Date of Conversation: _____

Time: _____