

PROJECT NAME _____

RESIDENT NAME _____



**INTERSTATE
REALTY
MANAGEMENT CO.**

ACCOUNT NUMBER

PROJECT [] UNIT [] TN [] SUITE []

MOVE IN DATE / /

MOVE OUT DATE / /

MOVE-IN ITEMS	LIVING DINING KITCHEN	KITCHEN	BEDROOMS	BATHS	COMMENTS
HOT WATER TANK CONTROLS					
CARPETS/FLOORS					
WINDOWS/SCREENS					
BLINDS/SHADES					
DOORS					
DOOR HARDWARE					
REFRIGERATOR					
STOVE					
DISHWASHER					
EXHAUST FAN					
SINKS					
FAUCETS					
CABINETS/DRAWERS					
COMMUNE					
TUB					
SHOWER HEAD					
MEDICINE CABINET					
H V A C					
LIGHT FIXTURES					
WALLS					
CEILING					
SMOKE DETECTORS					
OTHERS (1)					
OTHERS (2)					
OTHERS (3)					

MOVE-OUT ITEMS	LOCATION	COMMENTS	LABOR COST	MATERIAL COST	TOTAL COST
HOT WATER TANK CONTROLS					
CARPETS/FLOORS					
WINDOWS/SCREENS					
BLINDS/SHADES					
DOORS					
DOOR HARDWARE					
REFRIGERATOR					
STOVE					
DISHWASHER					
EXHAUST FAN					
SINKS					
FAUCETS					
CABINETS/DRAWERS					
COMMUNE					
TUB					
SHOWER HEAD					
MEDICINE CABINET					
H V A C					
LIGHT FIXTURES					
PAINTING					
KEYS					
SMOKE DETECTORS					
OTHERS (1)					
OTHERS (2)					
OTHERS (3)					

THE UNDERSIGNED RESIDENT, HEREBY ACCEPTS RESPONSIBILITY FOR THE CONDITION OF RENTAL UNIT AS IS: EXCEPT FOR ITEMS LISTED ABOVE AND ON WORK ORDER NUMBER _____

THIS IS A FINAL INVOICE, DUE AND PAYABLE IMMEDIATELY OR CHARGES WILL BE DEDUCTED FROM YOUR SECURITY DEPOSIT.

RESIDENT _____ DATE / /
AGENT _____ DATE / /

RESIDENT _____ DATE / /
AGENT _____ DATE / /

BALANCE OF OTHER CHARGES OUTSTANDING	
TOTAL DUE	

HOME OFFICE/MOVE OUT

MOVE IN / MOVE OUT INSPECTION REPORT

WELSH BUSINESS FORMS 952770

REV. 3/93