

INTERSTATE REALTY MANAGEMENT CO.



PROJECT NAME _____
 RESIDENT NAME _____

ACCOUNT NUMBER _____
 PROJECT _____ UNIT _____ SUITE _____

MOVE IN DATE ____/____/____
 MOVE OUT DATE ____/____/____

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

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

RESIDENT _____ DATE ____/____/____
 AGENT _____ DATE ____/____/____
 HOME OFFICE/MOVE OUT

TOTAL DUE _____

MOVE IN / MOVE OUT INSPECTION REPORT