

MOVE IN / MOVE OUT INSPECTION REPORT

PROJECT NAME \_\_\_\_\_  
 RESIDENT NAME \_\_\_\_\_



INTERSTATE REALTY MANAGEMENT CO.  
 ACCOUNT NUMBER \_\_\_\_\_  
 PROJECT \_\_\_\_\_ UNIT \_\_\_\_\_ SUITE \_\_\_\_\_  
 MOVE IN DATE \_\_\_\_/\_\_\_\_/\_\_\_\_  
 MOVE OUT DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

MOVE IN ITEMS	DATE	REMARKS	DATE	REMARKS	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 \_\_\_\_\_

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

RESIDENT \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_  
 AGENT \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_