

PROJECT NAME _____
RESIDENT NAME _____



INTERSTATE
REALTY
MANAGEMENT CO.

ACCOUNT NUMBER _____
PROJECT _____ UNIT _____ IN _____ SUITE _____
MOVE IN DATE ____/____/____
MOVE OUT DATE ____/____/____

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

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

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

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

TOTAL DUE _____

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

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MOVE IN / MOVE OUT INSPECTION REPORT