

Property Inspection Check In Sheet

Address: _____ Move in date: _____

Tenant(s): _____

Main contact phone number(s): _____

of keys received: _____

Unit: _____ Mail: _____ Laundry: _____ Security door: _____ Garage door: _____ Garage door remotes: _____

Please note the exact location and write a brief description of any damage in the unit. Additional information may be written on another paper and turned into the office with this check in sheet.

Kitchen
Floors & baseboards
Walls & ceilings
Switches & outlets
Sink & counter top
Cabinets Stove/range/hood
Refrigerator
Garbage disposal
Microwave
Dishwasher
Windows/screens
Window coverings
Lights
Other
Living room
Doors, locks stoppers
Floors/carpet
Walls & ceiling
Windows/screens
Window coverings
Switches & outlets
Lights
Closet
Other
Bathroom
Doors & locks
Floors & baseboards
Walls & ceilings
Shower & tub

Sink & counter
Toilet
Lights Switches & outlets
Medicine Cabinet
Storage cabinets
Closet/shelves
Towel racks/fixtures
Other
Bedroom 1:
Doors, locks, stoppers
Floors/carpet
Walls & ceiling
Windows/screens
Window coverings
Switches & outlets
Lights
Closet
Other
Bedroom 2:
Doors, locks, stoppers
Floors/carpet
Walls & ceiling
Windows/screens
Window coverings
Switches & outlets
Lights
Closet
Bedroom 3:
Doors, locks, stoppers
Floors/carpet
Walls & ceiling
Windows/screens
Window coverings
Switches & outlets
Lights
Closet
Other
Bedroom 4:
Doors, locks, stoppers
Floors/carpet
Walls & ceiling
Windows/screens

