

Move-Out Inspection Report

Landlord Information

Name: _____
 Address: _____
 Phone: _____ Fax: _____

Tenant Information

Name(s): _____
 Phone: _____
 Name(s): _____
 Phone: _____

Property Address: _____ PM #: _____ Forwarding Address: _____

OUT REPORT				
KEYS	# of Keys _____ Outside _____ Suite _____ Shed _____ Mailbox _____ Garage _____ Remote _____			
	OK	Needs Repair	Needs Clean	Description
Entrance (F)				
Doors/Locks				
Closets				
Walls				
Ceilings				
Flooring				
Fixtures/Lights				
Windows				
Blinds				
Screens				
Storage Room				
Doors				
Closets				
Walls				
Ceilings				
Flooring				
Fixtures/Lights				
Windows				
Blinds				
Screens				
Kitchen				
Doors				
Walls				
Ceiling				
Baseboards				
Flooring				
Fixtures/Lights				
Countertops				
Sink/taps				
Cupboards				
Stove				
Hood Fan				
Fridge				
Dishwasher				
Microwave				
Blinds				
Windows				
Screens				
Dining Room				
Doors				
Walls				
Ceiling				
Baseboards				
Floorings				
Fixtures/Lights				
Blinds				
Windows				
Screens				
Living Room				
Walls				
Ceilings				
Baseboards				
Floorings				
Fixtures/Lights				
Blinds				
Windows				
Screens				
M Bedroom				
Doors				
Walls				
Ceilings				
Baseboards				
Floorings				
Fixtures/Lights				
Blinds				
Windows				
Screens				

	OK	Needs Repair	Needs Clean	Description
Bedroom #2				
Doors				
Walls				
Ceilings				
Baseboards				
Floorings				
Window				
Blinds				
Fixtures/Lights				
Screen				
Closet				
Bedroom #3				
Doors				
Walls				
Ceilings				
Baseboards				
Floorings				
Fixtures/Lights				
Blinds				
Windows				
Screens				
Closet				
Bathroom #1				
Door				
Walls				
Baseboards				
Floorings				
Fixtures/Lights				
Blinds				
Window				
Screens				
Vanity/Toilet				
Sink/Tap				
Tub/Tap				
Tub Surround				
Bathroom #2				
Door				
Walls				
Baseboards				
Floorings				
Fixtures/Lights				
Windows				
Blinds				
Screens				
Vanity/Toilet				
Sink/Tap				
Tub/Tap				
Tub Surround				
General				
Balcony				
Patio Door				
Blinds				
Patio Screens				
Washer				
Dryer				
Fur. Filter				
Smoke Det.				
Yard				
Upstairs Hall				
Down Hall				
Garage				
Doors/Locks				
Ceilings				
Windows				
Blinds				
Floors				
Door opener				
Walls/Shelves				

Move-Out Inspection Date: _____

Landlord or Agent:

Print Name: _____ Signature: _____

Tenant/Tenant's Agent present but would not sign inspection.

After two attempts on _____ and _____ the inspection was completed without the tenant/tenant's agent.

The tenant/tenant's agent agrees this report fairly represents the condition of the premise.

The tenant/tenant's agent disagrees that this report fairly represents the condition of the premise because:

Tenant/tenant's Agent

Print Name: _____ Signature: _____