



## MOVE-IN NOTES

Date of Report: \_\_\_/\_\_\_/\_\_\_

## MOVE-OUT NOTES

Date of Report: \_\_\_/\_\_\_/\_\_\_

### ACCESS

Door Keys \_\_\_\_\_

Garage Door Remotes \_\_\_\_\_

Other Keys \_\_\_\_\_

PROVIDED AT MOVE-IN

\_\_\_\_\_ Type: \_\_\_\_\_

RETURNED AT MOVE-OUT

\_\_\_\_\_ Type: \_\_\_\_\_

### ALL

General Notes \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### EXTERIOR

Front Lawn \_\_\_\_\_

Back Lawn \_\_\_\_\_

Fences/Gates \_\_\_\_\_

Other \_\_\_\_\_

Propane Tank Level \_\_\_\_\_

### GARAGE

Overhead Door \_\_\_\_\_

Entry Door \_\_\_\_\_

Floor \_\_\_\_\_

Other \_\_\_\_\_

### LIVING ROOM

Walls & Ceiling \_\_\_\_\_

Flooring \_\_\_\_\_

Windows/Screens \_\_\_\_\_

Blinds/Drapes \_\_\_\_\_

LOCATION: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Other

\_\_\_\_\_

\_\_\_\_\_

**DINING ROOM**

Walls & Ceiling

\_\_\_\_\_

\_\_\_\_\_

Flooring

\_\_\_\_\_

\_\_\_\_\_

Windows/Screens

\_\_\_\_\_

\_\_\_\_\_

Blinds/Drapes

\_\_\_\_\_

\_\_\_\_\_

Other

**KITCHEN**

Walls & Ceiling

\_\_\_\_\_

\_\_\_\_\_

Flooring

\_\_\_\_\_

\_\_\_\_\_

Windows/Screens

\_\_\_\_\_

\_\_\_\_\_

Blinds/Drapes

\_\_\_\_\_

\_\_\_\_\_

Other

\_\_\_\_\_

\_\_\_\_\_



**FAMILY ROOM**

LOCATION:

Walls & Ceiling

\_\_\_\_\_

\_\_\_\_\_

A Division of **DORMAN** Real Estate Services

Flooring

\_\_\_\_\_

\_\_\_\_\_

Windows/Screens

\_\_\_\_\_

\_\_\_\_\_

Blinds/Drapes

\_\_\_\_\_

\_\_\_\_\_

Other

**HALLS**

Walls & Ceiling

\_\_\_\_\_

\_\_\_\_\_

Flooring

\_\_\_\_\_

\_\_\_\_\_

Other

\_\_\_\_\_

**MASTER BEDROOM**

① LOCATION: \_\_\_\_\_

Walls & Ceiling

\_\_\_\_\_

Flooring

\_\_\_\_\_

Windows/Screens

\_\_\_\_\_

Blinds/Drapes

\_\_\_\_\_

Other

\_\_\_\_\_

**MASTER BATHROOM**

① LOCATION: \_\_\_\_\_

Walls & Ceiling

\_\_\_\_\_

Flooring

\_\_\_\_\_

Windows/Screens

\_\_\_\_\_

Blinds/Drapes

\_\_\_\_\_

Other

\_\_\_\_\_

**BEDROOM**

② LOCATION: \_\_\_\_\_

Walls & Ceiling

\_\_\_\_\_

Flooring

\_\_\_\_\_

Windows/Screens

\_\_\_\_\_

Blinds/Drapes

\_\_\_\_\_

Other

\_\_\_\_\_

**BEDROOM**

③ LOCATION: \_\_\_\_\_

Walls & Ceiling

\_\_\_\_\_

Flooring

\_\_\_\_\_

Windows/Screens

\_\_\_\_\_



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Blinds/Drapes

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other

\_\_\_\_\_  
\_\_\_\_\_

**BEDROOM**

④ LOCATION: \_\_\_\_\_

Walls & Ceiling

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Flooring

\_\_\_\_\_  
\_\_\_\_\_

Windows/Screens

\_\_\_\_\_  
\_\_\_\_\_

Blinds/Drapes

\_\_\_\_\_  
\_\_\_\_\_

Other

\_\_\_\_\_

**BATHROOM**

② LOCATION: \_\_\_\_\_

Walls & Ceiling

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Flooring

\_\_\_\_\_  
\_\_\_\_\_

Windows/Screens

\_\_\_\_\_  
\_\_\_\_\_

Blinds/Drapes

\_\_\_\_\_  
\_\_\_\_\_

Other

\_\_\_\_\_



**BATHROOM**

③ LOCATION: A Division of DORMAN Real Estate Services

Walls & Ceiling

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Flooring

\_\_\_\_\_  
\_\_\_\_\_

Windows/Screens

\_\_\_\_\_  
\_\_\_\_\_

Blinds/Drapes

\_\_\_\_\_  
\_\_\_\_\_

Other

\_\_\_\_\_

**LAUNDRY ROOM**

Walls & Ceiling

\_\_\_\_\_  
\_\_\_\_\_

Flooring

\_\_\_\_\_

Windows/Screens

\_\_\_\_\_

Blinds/Drapes

\_\_\_\_\_

Other

\_\_\_\_\_

**UTILITY ROOM**

Walls & Ceiling

\_\_\_\_\_

Flooring

\_\_\_\_\_

Windows/Screens

\_\_\_\_\_

Blinds/Drapes

\_\_\_\_\_

Other

\_\_\_\_\_

**OTHER**

Walls & Ceiling

\_\_\_\_\_

Flooring

\_\_\_\_\_

Windows/Screens

\_\_\_\_\_

Blinds/Drapes

\_\_\_\_\_

Other

\_\_\_\_\_

\_\_\_\_\_



<u>APPLIANCES ON SITE</u>	<u>BRAND</u>	<u>COLOR</u>
<input type="checkbox"/> Refrigerator	_____	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Stainless <input type="checkbox"/> Almond <input type="checkbox"/> Bisque
<input type="checkbox"/> Range Oven/Stove	_____	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Stainless <input type="checkbox"/> Almond <input type="checkbox"/> Bisque
<input type="checkbox"/> Dishwasher	_____	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Stainless <input type="checkbox"/> Almond <input type="checkbox"/> Bisque
<input type="checkbox"/> Microwave	_____	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Stainless <input type="checkbox"/> Almond <input type="checkbox"/> Bisque
<input type="checkbox"/> Range Hood	_____	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Stainless <input type="checkbox"/> Almond <input type="checkbox"/> Bisque
<input type="checkbox"/> Disposal	_____	
<input type="checkbox"/> Washer	_____	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Other: _____
<input type="checkbox"/> Dryer	_____	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Other: _____
 <b><u>OTHER PROPERTY INVENTORY NOTES</u></b>		
_____		
_____		
_____		

**QUALITY CONTROL**

There is at least one working smoke detector on each level of the home.  
 Yes & Photo(s) taken  No • Explain: \_\_\_\_\_

There are working CO detectors within 15 feet of any/all bedroom doors.  
 Yes & Photo(s) taken  No • Explain: \_\_\_\_\_

All light-fixtures are functioning properly with working bulbs:  
 Yes  No • Explain: \_\_\_\_\_

All plumbing is running and draining properly:  
 Yes  No • Explain: \_\_\_\_\_

All appliances appear to be functioning properly:  
 Yes  No • Explain: \_\_\_\_\_

Main Water Valve turned off? (FOR OFFICE/INTERNAL USE)  
 Yes  No • Sprinkler System Active  No • N/A - Apartment Complex  No • Explain: \_\_\_\_\_

The undersigned acknowledge that the above is an accurate assessment of the condition of the property as of the date signed.

X \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_  
 Tenant

X \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_  
 Tenant

X \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_  
 Tenant

X \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_  
 Tenant

X \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_  
 Agent

