PREMISES INSPECTION
MOVE-IN / MOVE-OUT

Address:	
Move-In Date:	Move-Out Date:
Inspected By (for Landlord):	Inspected By (for Tenant):
Date Of Inspection:	Date Of Inspection:

	MOVE-IN		Comments	MOVE-OUT		Comments
	OK	NO		OK	NO	
Entry Way	☐	☐	_____	☐	☐	_____
Bedroom 1	☐	☐	_____	☐	☐	_____
Bedroom 2	☐	☐	_____	☐	☐	_____
Bedroom 3	☐	☐	_____	☐	☐	_____
Closets	☐	☐	_____	☐	☐	_____
Bathrooms	☐	☐	_____	☐	☐	_____
Living Areas	☐	☐	_____	☐	☐	_____
Kitchen	☐	☐	_____	☐	☐	_____
Dishwasher	☐	☐	_____	☐	☐	_____
Disposal	☐	☐	_____	☐	☐	_____
Refrigerator	☐	☐	_____	☐	☐	_____
Microwave	☐	☐	_____	☐	☐	_____
Stovetop	☐	☐	_____	☐	☐	_____
Oven	☐	☐	_____	☐	☐	_____
Doors	☐	☐	_____	☐	☐	_____
Locks	☐	☐	_____	☐	☐	_____
Screens	☐	☐	_____	☐	☐	_____
Fireplace	☐	☐	_____	☐	☐	_____
Patio	☐	☐	_____	☐	☐	_____
Balcony	☐	☐	_____	☐	☐	_____
Lights	☐	☐	_____	☐	☐	_____
Walls	☐	☐	_____	☐	☐	_____
Floors	☐	☐	_____	☐	☐	_____
Ceilings	☐	☐	_____	☐	☐	_____
Windows	☐	☐	_____	☐	☐	_____
Window Coverings	☐	☐	_____	☐	☐	_____
Drapes/Blinds	☐	☐	_____	☐	☐	_____
Carpeting	☐	☐	_____	☐	☐	_____
Yard	☐	☐	_____	☐	☐	_____
Storage Area	☐	☐	_____	☐	☐	_____
_____	☐	☐	_____	☐	☐	_____
_____	☐	☐	_____	☐	☐	_____
_____	☐	☐	_____	☐	☐	_____

NOTES:

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_____

Tenant(s):

_____

_____

Landlord:

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