

MOVE-IN INSPECTION

Lessee: _____ Inspection date: _____

Address: _____ Inspected by: _____

Telephone Number: _____

Entry: _____

Kitchen: _____

Dining: _____

Living: _____

Bdr. #3: _____

Bdr. #2: _____

Bath #2: _____

Master: _____

M/bath: _____

½ Bath: _____

Utility: _____

Stairs: _____

Yard: _____