

Tenant(s) NAME(S) _____

Property Address _____

Date Lease Started _____

MOVE-IN INSPECTION

MOVE-OUT INSPECTION

| | Completed By Tenants | Request Repair | Completed By Office | Repair Needed |
|---|----------------------|----------------|---------------------|---------------|
| LIVING ROOM | | (x) | | (x) |
| Floors | | | | |
| Walls & Ceiling | | | | |
| Door(s) | | | | |
| Lighting Fixture(s) including light bulbs | | | | |
| Window(s) & Screen(s) | | | | |
| Window Blinds | | | | |
| Smoke Detector | | | | |
| Other | | | | |
| KITCHEN | | | | |
| Floors | | | | |
| Walls & Ceiling | | | | |
| Door(s) | | | | |
| Window(s) & Screen(s) | | | | |
| Window Blinds | | | | |
| Lighting Fixture(s) including light bulbs | | | | |
| Cabinets | | | | |
| Counters | | | | |
| Stove & Oven | | | | |
| Refrigerator | | | | |
| Sink | | | | |
| CO Detector | | | | |
| DINING ROOM | | | | |
| Floor & Floor Covering(s) | | | | |
| Walls & Ceiling | | | | |
| Lighting Fixture(s) including light bulbs | | | | |
| Window(s) & Screen(s) | | | | |
| Window Blinds | | | | |
| Other | | | | |

BATHROOM

MOVE-IN INSPECTION

Request
Repair (x)

MOVE-OUT INSPECTION

Repair
Needed

| | | |
|---|--|--|
| Floors | | |
| Walls & Ceilings | | |
| Lighting Fixture(s) including light bulbs | | |
| Counters & Surfaces | | |
| Window(s) & Screen(s) | | |
| Window Blinds | | |
| Sink & Plumbing | | |
| Bathtub/Shower | | |
| Tub Surround/Ceramic Tiles | | |
| Toilet | | |
| Light Fixture(s) | | |
| Door(s) | | |

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BEDROOM #1

| | | |
|---|--|--|
| Floors | | |
| Walls & Ceiling | | |
| Window(s) & Screen(s) | | |
| Window Blinds | | |
| Closet(s), including doors & tracks | | |
| Lighting Fixture(s) including light bulbs | | |
| Door(s) | | |
| Other | | |

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BEDROOM #2

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|---|--|--|
| Floors | | |
| Walls & Ceiling | | |
| Window(s) & Screen(s) | | |
| Window Blinds | | |
| Closet(s), including doors & tracks | | |
| Lighting Fixture(s) including light bulbs | | |
| Door(s) | | |
| Other | | |

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BEDROOM #3

MOVE-IN INSPECTION

Request
Repair (x)

MOVE-OUT INSPECTION

Repair
Needed

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|---|--|--|
| Floors | | |
| Walls & Ceiling | | |
| Window(s) & Screen(s) | | |
| Window Blinds | | |
| Closet(s), including doors & tracks | | |
| Lighting Fixture(s) including light bulbs | | |
| Door(s) | | |
| Other | | |

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BEDROOM #4

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|---|--|--|
| Floors | | |
| Walls & Ceiling | | |
| Window(s) & Screen(s) | | |
| Window Blinds | | |
| Closet(s), including doors & tracks | | |
| Lighting Fixture(s) including light bulbs | | |
| Door(s) | | |
| Other | | |

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OTHER AREAS

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NUMBER OF SMOKE DETECTORS IN UNIT

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DOES EACH ALARM SOUND? Y/N (PLEASE TEST EACH ONE BY DEPRESSING THE BUTTON)

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IF NOT, PLEASE IDENTIFY LOCATION

DOES YOUR KITCHEN HAVE A CARBON MONOXIDE (CO) DETECTOR

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DOES YOUR CO ALARM SOUND?

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Tenant Signature _____
 Tenant Signature _____
 Tenant Signature _____
 Tenant Signature _____

DATE OF YOUR INSPECTION (TENANT) _____

METRO INVESTMENTS (AGENT) _____

DATE OFFICE RECEIVED (AGENT) _____