

# MOVE OUT CHECKLIST

## INSPECTION OF UNIT MOVING OUT

KITCHEN	CLEAN		REPAIRS NEEDED	BEDROOM #1	CLEAN		REPAIRS NEEDED
	YES	NO			YES	NO	
Doors				Doors			
Walls				Walls			
Floor				Floor/Carpet			
Stove				Elec. Fixtures			
Refrigerator				Closet/Shelves			
Counter Tops				Furniture			
Sink				Window			
Elec. Fixtures							
Window				<b>BEDROOM #2</b>			
Cabinets				Doors			
Furniture				Walls			
Other				Floor/Carpet			
				Elec. Fixtures			
<b>BATHROOM</b>				Closet/Shelves			
Doors				Furniture			
Walls				Window			
Floor							
Toilet				<b>BEDROOM #3</b>			
Basin				Doors			
Tub/Shower				Walls			
Elec. Fixtures				Floor/Carpet			
Window				Elec. Fixtures			
Medicine Cab.				Closet/Shelves			
				Furniture			
<b>LIVING ROOM</b>				Window			
Doors							
Walls				<b>MISC.</b>			
Ceiling				Screens			
Floor/Carpet				Blinds			
Elec. Fixtures				Porch			
Closet/Shelves				Stairs			
Furniture							
				<b>OTHER</b>			
<b>DINING ROOM</b>				Smoke Detect.			
Doors				Alarm Pull Cord			
Walls							
Floor/Carpet				Tenants Signature :		Date:	
Elec. Fixtures				_____		_____	
Closet/Shelves							
Window				Inspectors Signature:		Date:	
Furniture				_____		_____	