

Spectrum Real Estate Services, Inc.

APARTMENT NAME

On _____ (date), a thorough inspection of the premises known as **APT #** _____ **BUILDING** _____ **ADDRESS** _____ was conducted.

Items	Move In		Move Out		
LIVING AND DINING ROOMS	OK	NA	COMMENTS	OK	COMMENTS
Carpeting	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Door Locks	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Blinds,	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Electrical Fixtures, Walls, Ceiling	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Electrical switches, outlets	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Floors, baseboards	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Windows, Screens	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Sliding Glass Door	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Sliding Screen	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Walls, Ceiling	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Fireplace	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Keys	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
KITCHEN					
Cabinets, counter surfaces	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Blinds, draperies, curtains	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Electrical fixtures	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Electrical switches, outlets	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Floors, baseboards	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Oven	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Plumbing	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Range, fan, hood	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Sink, Disposer	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Walls, ceiling	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Windows, screens	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Dishwasher	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Drawers	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
BATHROOM					
Doors, Locks	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Electrical fixtures	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Electrical switches, outlets	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Plumbing fixtures	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Floors, baseboards	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Shower door	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Shower, tub	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Sink Medicine Cabinet	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Toilet	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

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Towel Racks	□ □	□
Walls, Ceiling	□ □	□
Windows, Screens	□ □	□
Cabinets		
BEDROOM		
Carpeting	□ □	□
Closets, doors, tracks	□ □	□
Doors, Locks	□ □	□
Blinds, Draperies,	□ □	□
Electrical Fixtures, Walls, Ceiling	□ □	□
Electrical switches, outlets	□ □	□
Floors, baseboards	□ □	□
Windows, Screens	□ □	□
Walls, Ceiling	□ □	□
Windows, screens	□ □	□
OTHER		
Air Conditioning	□ □	□
Fencing	□ □	□
Garage or Carport	□ □	□
Heating	□ □	□
Balcony, Patio	□ □	□

Inspected and Accepted as Noted

Inspected and Vacated as Noted

Dated: _____

Dated: _____

Signature of Resident

Signature of Resident

Signature of Resident

Signature of Resident

Signature of Manager

Signature of Manager