

MOVE IN/MOVE OUT FORM

Tenant's Name
Property Address
Date

MOVE-IN

Defects Found @ Move-In (to be completed by TENANT):

No. of Keys Given: _____

No. of Garage Door Openers Given: _____

The undersigned acknowledges that the above is the condition of the property upon moving in.

Tenant	Landlord
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Punch List items to be performed by Landlord (to be completed by Landlord):

MOVE-OUT:

Defects Found @ Move-Out (To be completed by LANDLORD):

The undersigned acknowledges that the above is the condition of the property upon moving OUT.

Tenant	Landlord
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TENANT CONTACT INFORMATION AFTER MOVE-OUT:

Address: _____

Telephone Number: _____

MOVE IN/MOVE OUT FORM

ITEMS TO CHECK:

MOVE-IN **MOVE-OUT** **Notes**
 __/__/__ __/__/__

Kitchen cabinets operational / no damage			
Appliances operational / no damage			
Kitchen faucet operational / no damage			
Washing machine / dryer operational / no damage			
Garage door openers (2) operational with door			
Entry Exit doors operational / no damage			
Interior doors operational / no damage			
Walls throughout no damage			
Bathroom fixtures operational / no damage			
Ceiling Fans operational / no damage			
Hurricane shutters (inventoried)			
A/C operational / no damage			
Carpets, Tile, Flooring / no damage			
Pool Equipment / no damage			
Screen enclosures / no damage			
Windows / no damage			