House No.				Location	Tenant		۵	Date In		Date Out
BEGINNING AND A	JLD B	E ENG	D OF	CAREFULLY SO AS TO PROVIDE AN A THE TENANCY. BOTH THE LANDLO TED WHEN THE PREMISES ARE VAN PLEASE CHECK ON	ORD A	AND THE TENAN UNLESS THE LA	ит ѕно	uld D an	RETAIN A	COMPLETED COPY
CODE NUMBERS:			an/OK	2 = Needs Cleaning 3 = Damag		4 = Needs Pai			Missing	6 = NA
CODE NOMBERS:					Jeu	4 – Neeus Pa	0			-
ENTRANCES	FT		# SD	DESCRIBE CONDITIONS	DED	ROOM #1	COD	E #	DESCRIB	E CONDITIONS
Exterior Door(s)	FI	BK	50		Ceili		1			
Patio Door/Screen					Wall					
Storm Door(s)					-	r covering				
Ceiling					Doo					
Walls					Clos					
Floor covering					Ligh	ts/plug-ins etc				
Closets						dows/screens				
Lights/plug-ins etc						ain rods/Blinds				
Trim/base/casing						n/base/casing				
LIVING ROOM						ROOM #2	1			
Ceiling					Ceili					
Walls					Wall	-				
Floor covering Doors					Doo	r covering				
Closets					Clos					
Lights/plug-ins etc						ts/plug-ins etc				
Windows/screens						dows/screens				
Curtain rods/Blinds						ain rods/Blinds				
Trim/base/casing						n/base/casing				
Smoke Detector					BED	ROOM #3			·	
Co2 Detector					Ceili	5				
KITCHEN					Wall					
Ceiling						r covering				
Walls					Doo					
Floor covering					Clos					
Stove Range Hood						ts/plug-ins etc dows/screens				
Fridge						ain rods/Blinds				
Cupboards/Doors						h/base/casing				
Countertops						LITY/BASEMENT			<u> </u>	
Sink/Faucets					Ceili					
Lights/plug-ins etc					Wall					
Windows/screens					Floo	r covering				
Curtain rods/Blinds					Doo	rs				
Trim/base/casing					Clos					
HALLWAY						ts/plug-ins etc				
Ceiling						dows/screens				
Walls						ain rods/Blinds				
Floor covering						/base/casing				
Doors Closets					Was	rs/stairwell				
Lights/plug-ins etc					Drye					
Windows/screens						water tank				
Curtain rods/Blinds						ERIOR			1	
Trim/base/casing						s/landing				
Smoke Detector						t & trim				
Co2 Detector					Sidir					
BATHROOM(S)	#1	#2	#3			dow trim				
Ceilings						it/fascia/gutters				
Walls						unds				
Floor covering		<u> </u>			Fend					
Toilet						walks				
Bathtub/Shower					OTH	IER				
Vanity Top										
Sink/faucets			<u> </u>							
Lights/plug-ins etc Windows/screens					+					
Curtain rods/blinds		-								
Trim/base/casing										

FORM	1 E20	0-12-07	ACC	OMMODATION IN	ISPECTION REPORT			
			PLEASE CHECK ONE:	CHECK-IN				
I	House No. Location		Tenant	Date In	Date Out			
PLEAS	SE CC	OMPLETE THE APPROPRIATE CLAUSES - PRI	NT LEGIBILY					
			ANDLORD'S STATEMENT					
a)	TO	be checked off, completed and signed (as ap The inspection of the premises was conducted or						
	1.	The inspection of the premises was conducted of						
			by					
		(Date)		(Landlord or Landlo	rd's Agent)			
		and by						
				(Tenant)				
	2.	The tenant or tenant's agent present at the inspection refused to sign the tenant's statement.						
	3.	The inspection of the premises was conducted or	n:					
			by					
		(Date)	(Landlor	d or Landlord's Agent) witho	ut the tenant or the tenant's			
				agent being pr	esent.			
		(Date IN)		(Signature of Landlord or	Landlord's Agent)			

	TENANT'S STATEMENT						
b)	To	be checked off, completed and signed (as appropriate)					
	1.	Ι,	agree that this report fairly represents the condition of the premises.				
		(name of Tenant or Tenant's agent)					
	2.	I,	Disagree that this report fairly represents the condition of the premises for the following reasons:				
		(Signature of Tenant or Tenant's Agent)					

COMMENTS

RECOMMEND RETURN OF DAMAGE DEPOSIT:

IF NO, EXPLAIN

🗌 NO

YES