

INCOMING/OUTGOING RESIDENT'S INSPECTION REPORT

DESTARON PROPERTY MANAGEMENT
THIS FORM TO COMPLETED IN THE PRESENCE OF THE RESIDENT

BUILDING NAME _____ BUILDING NO. _____ SUITE NO. _____
 BUILDING ADDRESS _____ PARKING SPACE NO. _____ SUITE NO. _____
 RESIDENT'S NAME(S) _____ PHONE NUMBERS:
 PES. _____
 BUS. _____

SUBLET OR ASSIGNMENT

MOVE IN/LEASE COMMENCEMENT DATE	TIME	MOVE OUT/LEASE EXPIRY DATE
	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	

FORWARDING STREET _____ SUITE NO. _____ PHONE NO. _____
 ADDRESS _____
 (IF OUTGOING) CITY _____ PROV. _____ POSTAL CODE _____

	MOVE-IN INSPECTION	MOVE-OUT INSPECTION	OK (✓)	TENANT CHARGES (\$)						
FLOORS	Screening and urethaning									
	Sanding and refinishing									
	Burns or stains on carpeting									
	Carpet replacement (due to pet odours, etc.)									
	Carpet shampooing									
	Other damage									
WALLS	Wallpaper removal									
	Painting over dark colours									
	Damage to drywall, holes, stickers, etc.									
	Broken or missing light fixtures									
ELECTRICAL	Missing light bulbs, plugs and switch plates									
	Cleaning (inside only)									
	Glass replacement									
	Patio screen repairs									
WINDOWS	Window screen repairs									
	Change lock (apt. keys taken)									
	Change lock (mail box keys taken)									
DOORS	Patio door replacement									
	Closet door replacement									
	Door replacement (other)									
KITCHEN	Appliances - cleaning									
	Appliances - parts missing or broken									
	Countertop replacement (burns, cuts, etc.)									
	Miscellaneous cleaning (cupboards, etc.)									
BATHROOM	Cleaning of sink, tub or toilet									
	Plumbing fixtures (chipped, damaged, etc.)									
	Countertop replacement									
	Furniture Removal									
MISCELLANEOUS	Garbage Removal (incl. parking spot)									
	<input type="checkbox"/> NO. OF KEYS ISSUED <input type="checkbox"/> NO. OF KEYS RETURNED	SUITE	BUILDING	GARAGE	MAIL BOX	BIKE ROOM	CHAIN LOCK			
	OTHER	ADDITIONAL COMMENTS AND/OR FURTHER WORK TO BE DONE								
	REMINDEMENT TO REMOVE CONTENTS OF HIS LOCKER ON TERMINATION THE UNDERSIGNED, HAVING INSPECTED THE ABOVE PREMISES, AGREE THAT THEY ARE IN SUCH CONDITION AS RECORDED ON THIS FORM AND AGREE TO: <input type="checkbox"/> PAY THE TOTAL CHARGES AS INDICATED HEREIN <input type="checkbox"/> AUTHORIZE WORK NECESSARY AND ALLOW ENTRY TO PREMISES WHERE REQUIRED UPON ACCEPTANCE OF THE ABOVE NOTED PREMISES, WE AGREE TO ASSUME ALL LIABILITY FOR THE REMOVAL OR REPAIR OF ANY DECORATING OR ALTERATION TO THE SUITE WHICH EXISTS AT THE END OF OUR TENANCY. (I (WE) HEREBY ACKNOWLEDGE RECEIPT OF A COPY OF THIS REPORT.) INCOMING RESIDENT SIGNATURE: _____ INSPECTED BY: _____ DATE: _____									

	INVOICE NO. _____	TOTAL CHARGES	\$
RECEIPT OF PAYMENT : INSPECTOR WILL SIGN BELOW WHEN CASH OR CHEQUE RECEIVED AT TIME OF INSPECTION <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE </div> \$ _____ AMOUNT RECEIVED _____ DATE _____ INSPECTOR SIGNATURE OUTGOING RESIDENT SIGNATURE : _____ DATE : _____			