

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: _____

SUBLET OR ASSIGNMENT

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

PES. _____
BUS. _____

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.							
ELECTRICAL	Broken or missing light fixtures							
	Missing light bulbs, plugs and switch plates							
	Cleaning (inside only)							
	Glass replacement							
WINDOWS	Patio screen repairs							
	Window screen repairs							
	Change lock (apt. keys taken)							
DOORS	Change lock (mail box keys taken)							
	Patio door replacement							
	Closet door replacement							
KITCHEN	Door replacement (other)							
	Appliances - cleaning							
	Appliances - parts missing or broken							
	Countertop replacement (burns, cuts, etc.)							
BATHROOM	Miscellaneous cleaning (cupboards, etc.)							
	Cleaning of sink, tub or toilet							
	Plumbing fixtures (chipped, damaged, etc.)							
	Countertop replacement							
MISCELLANEOUS	Furniture Removal							
	Garbage Removal (incl. parking spot)							
	<input type="checkbox"/> NO. OF KEYS ISSUED <input type="checkbox"/> NO. OF KEYS RETURNED OTHER	SUITE	BUILDING	GARAGE	MAIL BOX	BIKE ROOM	CHAIN LOCK	
	ADDITIONAL COMMENTS AND/OR FURTHER WORK TO BE DONE							

REMINDEZ LE RESIDENT DE RETIRER LE CONTENU DE SON COFFRE À CLÉS À LA TERMINATION

THE UNDERSIGNED, HAVING INSPECTED THE ABOVE PREMISES, AGREE THAT THEY ARE IN SUCH CONDITION AS RECORDED ON THIS FORM AND AGREE TO:

PAY THE TOTAL CHARGES AS INDICATED HEREIN
 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		
\$ _____ AMOUNT RECEIVED	<input type="checkbox"/> CASH	<input type="checkbox"/> CHEQUE
_____ DATE	_____ INSPECTOR SIGNATURE	
OUTGOING RESIDENT SIGNATURE: _____		
DATE: _____		