Inspection Report

Unit _____ Date_____
Tenants_____

Tenants have inspected the premises and state that they are in satisfactory condition, free of defects, except as noted below.

	Satisfactory	Comments
Carpeting		
Walls		
Ceilings		
Doors		
Locks		
Windows		
Window Coverings		
Screens		
Stove		
Refrigerator		
Dishwasher		
Garbage disposal		
Bathrooms		
Closets		
Lights		
Other (list)		