

**MYSTIC MOON ENT LLC/BLUESTONE RIDGE LLC**

126 E. 9<sup>th</sup> Street, Duluth, MN 55805  
218-727-5591 \* bluestoneridge@hotmail.com

Apartment Check-In List – PRINT/BRING WITH YOU AND COMPLETE BEFORE MOVING ANYTHING INTO THE BUILDING. THANK YOU.

Name \_\_\_\_\_ Move-in Date \_\_\_\_\_

Address \_\_\_\_\_ Apartment # \_\_\_\_\_

Move-in

Move-out

Carpet/hardwood flooring Condition:

Living/dining \_\_\_\_\_

Hallway/entry \_\_\_\_\_

Bedroom 1 \_\_\_\_\_

Bedroom 2 \_\_\_\_\_

Bedroom 3 \_\_\_\_\_

Stairway \_\_\_\_\_

Closet Door(s) Condition \_\_\_\_\_

Window(s) Condition \_\_\_\_\_

Screen(s) Condition \_\_\_\_\_

Appliance(s) Condition \_\_\_\_\_

Stove/oven/Top \_\_\_\_\_

Fan \_\_\_\_\_

Refrigerator \_\_\_\_\_

Dishwasher \_\_\_\_\_

Kitchen Floor \_\_\_\_\_

Kitchen Counter Condition \_\_\_\_\_

Kitchen Cutting Board Condition \_\_\_\_\_

Kitchen Cabinet Condition \_\_\_\_\_

Faucet(s) Condition \_\_\_\_\_

Sink Condition \_\_\_\_\_

Front Door Condition \_\_\_\_\_

Back Door Condition \_\_\_\_\_

Bathroom Condition \_\_\_\_\_

Vanity Top \_\_\_\_\_

Floor \_\_\_\_\_

Tub/Toilet/Sink \_\_\_\_\_

Cabinet \_\_\_\_\_

Towel Bars \_\_\_\_\_

Mirrors \_\_\_\_\_

Light Fixtures/ceiling fans \_\_\_\_\_

Drapery Rods/Blinds Condition \_\_\_\_\_

Light Bulbs \_\_\_\_\_

Thermostat Condition \_\_\_\_\_

Smoke/CO Alarms Location/Batteries Connected /Fire extinguisher \_\_\_\_\_

Photographs taken by landlord prior to Move-In \_\_\_\_\_

Keys Received \_\_\_\_\_

Apartment \_\_\_\_\_

Entry \_\_\_\_\_

Other \_\_\_\_\_

Miscellaneous \_\_\_\_\_

I/We have made an inspection of the above named apartment upon occupying and have noted any and all discrepancies. I/We will assume responsibility for any damage and cleaning, other than the above listed items.

Please complete walk through list prior to moving in.

Return signed and dated form to receive your key. Thank you.

Resident(s)

Date