

MOVE IN/OUT INSPECTION CHECKLIST (Circle In or Out)

Rental Address: _____

Landlord: _____

Tenant(s): _____

Date of Inspection: _____

Bedroom(s) Satisfactory? Comments

Ceiling _____

Closets _____

Doors _____

Electrical Outlets _____

Floors _____

Lights _____

Walls _____

Windows _____

Other _____

Bathroom(s) Satisfactory? Comments

Cabinets _____

Ceiling _____

Countertops _____

Doors _____

Electrical Outlets _____

Floors _____

Lights _____



Shower/Bath _____

Sinks _____

Toilet _____

Walls _____

Windows _____

Other _____

Kitchen Satisfactory?

Comments

Cabinets _____

Countertops _____

Dishwasher _____

Door _____

Electrical Outlets _____

Floor _____

Lights _____

Refrigerator _____

Stove/Oven _____

Sinks _____

Walls _____

Windows _____

Other _____

Other Area(s) Satisfactory?

Comments



Wisconsin 312.508.3850 wendy@wcalvertlaw.com Illinois

Ceiling _____
Closets _____
Doors _____
Electrical Outlets _____
Floors _____
Lights _____
Walls _____
Windows _____
Other _____

This Move In/Out Inspection Checklist is acknowledged and agreed to by the Landlord and the Tenant(s).

Signature: _____ Signed on: _____
Printed name: _____, Landlord

Wisconsin 312 508 3850 wendy@wcalvertlaw.com Illinois

Signature: _____ Signed on: _____
Printed name: _____, Tenant

Signature: _____ Signed on: _____
Printed name: _____, Tenant