WALKTHROUGH INSPECTION FORM

ADDRESS		**MOVE-IN DATE**	
RESIDENT (s)			
RESIDENT SIGNATURE		**DATE STAMP & STAFF INITIAL**	

FORM MUST BE SUBMITTED TO OUR OFFICE WITHIN THREE DAYS PERIOD FROM TIME OF MOVE IN

MAIN ROOM	Satisfactory? Yes/No ☑		**Comments**
FLOORING			
WALLS/ CEILING			
WINDOWS/ SCREENS			
DRAPES/ BLINDS			
LIGHT FIXTURES/ SWITCHES			
CLOSETS/ DOORS/ KNOBS			

KITCHEN	Satisfactory? Yes/No ☑		**Comments**
FLOORING			
SINK / PLUMBING			
CABINETS/DRAWERS			
STOVE / HOOD			
GARBAGE DISPOSAL			
DISHWASHER			
REFRIGERATOR			
WALLS/ CEILING			
WINDOWS/ SCREENS			
DRAPES/ BLINDS			
LIGHT FIXTURES/ SWITCHES			
CLOSETS/ DOORS/ KNOBS			

BEDROOMS	Satisfactory? Yes/No ☑		**MASTER**	**Comments** EAST	WEST
FLOORING					
WALLS/ CEILING					
WINDOWS/ SCREENS					
DRAPES/ BLINDS					
LIGHT FIXTURES/ SWITCHES					
CLOSETS/ DOORS/ KNOBS					

BATHROOMS	Satisfactory? Yes/No ☑		Comments HALF	Comments MASTER	Comments SECONDARY
FLOORING					
WALLS/ CEILING					
WINDOWS/ SCREENS					
SINK/ VANITY/ CABINET					
SHOWER/ TUB ENCLOSURE					
DRAWERS					
TOILET					
HARDWARE (TOWELS/TP)					
LIGHT FIXTURES/ SWITCHES					
DOORS/ KNOBS					

GARAGE & EXTERIOR	Satisfactory? Yes/No ☑		Comments
PATIO/ BALCONY			

GENERAL & MISCELLANEOUS	Satisfactory? Yes/No ☑		Comments
SMOKE ALARMS			
DOORSTOPS			
KEYS/LOCKS/ALARMS			
WATER HEATER / FURNACE			
WINDOW THUMB-LOCKS			
WASHER/DRYER HOOKUPS			