DAVINO & Associates, LLCWalk Through

Address:								
Seller/Landlord:								
Buyer/Tenant:								
Date:								
In acco	ordance w	ith the Contract/Leas	e dated	\	, a walk-throu	gh inspe	ection o	of
In accordance with the Contract/Lease dated, a walk-through inspection of ("Property") was made this date. The following existing items were inspected and found to be as noted below:								
YES	NO	Stove or Range Cooktop Wall Oven(s) # Refrigerator(s) # Wi ice maker Dishwasher Built-in Microwave Disposer Freezer Window Fan(s) # Sump Pump Attic Fan(s)	YES	NO	Washer Dryer Furnace Humidifier Electronic Air Filter Central Vacuum Water Softner Exhaust Fans Intercom Garage Opener(s) # Heating Equipment Central Air Equipment Lighting Fixtures	YES	NO	Wall-toWall Carpet Shades and/or Blinds Window Treatment Playground Equipment Existing Storm Window Storage Shed(s) # Fireplace Screen/Doors Existing Screens Existing Storm Doors
Remar	ks:							
	R/TENAN							
Date		Signature						
Date	/	Signature						
Date		Signature						
* If discrepancies are noted above, the parties agree: To credit the Tenant \$ Repairs are to be made and paid for from The Landlord has OR will correct noted discrepancies by Remarks:								
SELLER/LANDLORD(S)								
Date		Signature						
Date	/	Signature						
Date	/	Signature						