



**TO BE COMPLETED BY OFFICE**

Account No.: \_\_\_\_\_ #BR: \_\_\_\_\_

Date of Initial Occupancy: \_\_\_\_\_ Date Vacated: \_\_\_\_\_

# Keys Returned: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Keys Returned by Whom: \_\_\_\_\_

Has tenant transferred utilities:

Cloverland Electric: Yes \_\_\_ No \_\_\_ Date: \_\_\_\_\_

DTE: Yes \_\_\_ No \_\_\_ Date: \_\_\_\_\_

Water: Yes \_\_\_ No \_\_\_ Date: \_\_\_\_\_

Last Day Rent Charged: \_\_\_\_\_ Rent Paid through: \_\_\_\_\_

Rental Adjustment for \_\_\_\_\_ days at \_\_\_\_\_ per day is \$ \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_

Maintenance Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_