

PROPERTY INSPECTION FORM

Please review the following items for functionality and cleanliness. Acceptable items may be marked with an X (if left blank, it will be assumed they were in acceptable condition). Describe dirty, broken or non-functioning items.

Please designate as NC(Needs Cleaned), NR(Needs Repaired), NSP(Needs Spot Painted), NRP(Needs Replaced), O(Other)

ITEM DESCRIPTION	MOVE IN CONDITION	MOVE OUT CONDTION
KITCHEN		
Flooring	_____	_____
Walls/Baseboards/Ceiling	_____	_____
Cabinets/Counters	_____	_____
Drawers/Doors	_____	_____
Stovetop/Burners/Drip Pans	_____	_____
Hood/Fan/Filter	_____	_____
Oven/Racks/Broiler	_____	_____
Fridge/Freezer	_____	_____
Sink/Disposal	_____	_____
Dishwasher	_____	_____
Windows/Tracks/Screens	_____	_____
Window Coverings	_____	_____
Microwave Hood	_____	_____
Other	_____	_____
DINING ROOM		
Flooring	_____	_____
Walls/baseboards/Ceilings	_____	_____
Outlets	_____	_____
Doors/Drawers	_____	_____
Light Fixtures	_____	_____
Window/Tracks/Screens	_____	_____
Window Coverings	_____	_____
Other	_____	_____
Living/Family Room		
Flooring	_____	_____
Walls/baseboards/Ceilings	_____	_____
Outlets	_____	_____
Doors/Drawers	_____	_____
Light Fixtures	_____	_____
Window/Tracks/Screens	_____	_____

Window Coverings
Other

DEN

Flooring
Walls/baseboards/Ceilings
Outlets
Doors/Drawers
Light Fixtures
Window/Tracks/Screens
Window Coverings
Other

BATHROOM 1

Flooring
Cabinets/Shelves/Counters
Drawers/Doors
Light Fixtures/Outlets
Windows/Tracks/Screens
Window Coverings
Bathtub
Shower
Toilet
Other

BATHROOM 2

Flooring
Cabinets/Shelves/Counters
Drawers/Doors
Light Fixtures/Outlets
Windows/Tracks/Screens
Window Coverings
Bathtub
Shower
Toilet
Other

BEDROOM 1

Flooring
Baseboards
Outlets
Lighting Fixtures
Windows/Tracks/Screens
Window Coverings

Drawers/Doors
Closets
Other

BEDROOM 2

Flooring
Baseboards
Outlets
Lighting Fixtures
Windows/Tracks/Screens
Window Coverings
Drawers/Doors
Closets
Other

BEDROOM 3

Flooring
Baseboards
Outlets
Lighting Fixtures
Windows/Tracks/Screens
Window Coverings
Drawers/Doors
Closets
Other

MISCELLANEOUS

Hot Water Heater
Thermostat
Air Conditioner Filters
Smoke Detectors
Air Conditioner
Doorbell
Electrical/Plumbing
Hurricane Shutters
Garage
Irrigation System

EXTERIOR

Driveway
Front Entrance
Door
Lanai
Pool

Pool Equipment
Lanai Cage
Lighting
Water Equipment
Sliding Doors

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Please attach additional page if you would like to add any additional comments.

*I/We the Tenants of _____ understand t
inspection report is intended as protection from liability for the condition of the leased
premises and becomes part of my rental file. It will be used to compare the condition o
the leased property at move-out. I accept the condition of the property as-is if I do not
return this form to Realty by Dale Thomas 3941 Santa Ana Rd North Port FL 34286.*

Signed:

_____ *Date*

_____ *Date*