

MOVE-IN INSPECTION REPORT

Property Address: 1234 Main St., Fort Collins, CO 80525

Resident: _____

Inspection Date: _____

GENERAL	Working		
	Yes	No	N/A
Air-Conditioning			
Alarm System			
Automatic Garage Door			
Breaker Box			
Carbon Monoxide Detector(s)			
Central Vacuum			
Door Bell(s)			
Doors and Windows			
Heating			
Intercom			
Smoke Detector(s)			
Thermostat(s)			
Water Conditioner			
Water Heater(s)			

KITCHEN	Working		
	Yes	No	N/A
Ceiling Fan			
Dishwasher			
Doors and Windows			
Faucets			
Garbage Disposal			
Microwave			
Outlets			
Oven			
Oven Hood/Fan			
Range			
Refrigerator			
Switches			
Trash Compactor			

LIVING ROOM	Working		
	Yes	No	N/A
Ceiling Fan			
Doors/Windows			
Fireplace			
Light Fixtures			
Outlets			
Switches			

DINING ROOM	Working		
	Yes	No	N/A
Ceiling Fan			
Doors/Windows			
Fireplace			
Light Fixtures			
Outlets			
Switches			

FAMILY ROOM	Working		
	Yes	No	N/A
Ceiling Fan			
Doors/Windows			
Fireplace			
Light Fixtures			
Outlets			
Switches			

BEDROOMS	Master Bedroom Working		
	Yes	No	N/A
Ceiling Fan			
Doors/Windows			
Fireplace			
Light Fixtures			
Outlets			
Smoke Detector			
Switches			

Bedroom #2	Working		
	Yes	No	N/A

Bedroom #3	Working		
	Yes	No	N/A

Bedroom #4	Working		
	Yes	No	N/A

Bedroom #5	Working		
	Yes	No	N/A

BATHROOMS	Master Bathroom Working		
	Yes	No	N/A
Ceiling Fan			
Doors/Windows			
Exhaust Fan			
Light Fixtures			
Outlets			
Plumbing			
Faucets			
Shower			
Sink(s)			
Toilet			
Tub			
Switches			

Bathroom #2	Working		
	Yes	No	N/A

Bathroom #3	Working		
	Yes	No	N/A

Bathroom #4	Working		
	Yes	No	N/A

Bathroom #5	Working		
	Yes	No	N/A

MISCELLANEOUS	Working		
	Yes	No	N/A
Pool			
Pool Equipment			
Spa			
Washer			
Dryer			

	Working		
	Yes	No	N/A
Sprinklers			
Front			
Rear			
Sides			

Keys Received by Resident:

Front Door Key(s): _____
Mailbox Key(s): _____
Back Door Key(s): _____
Garage Door Key(s): _____
Garage Door Opener(s): _____
Other Key(s): _____

Other Notes on Property Condition:

Resident accepts the responsibility to complete this form within seven (7) days of taking possession and to return a completed, signed copy to Management. Failure to do so shall be Resident's acknowledgement that Property is in perfect condition in every particular.

Resident agrees that this represents an accurate description of the current condition and assumes responsibility for the property as of **January 7th, 2017**.

Resident: _____

Date: _____

Resident: _____

Date: _____

Received by Management: _____

Date: _____