

WALK THROUGH CHECKLIST**Move Out**

Tenant (s) Name: _____

Property Address: _____

Move In Date: _____

Move Out Date: _____

FOYER	LIVING ROOM
Walls/Ceilings	Walls/Ceilings
Floors	Floors
Light Fixture	Windows/Screens
	Window Covering
	Light Fixture
DINING ROOM/AREA	
Walls/Ceilings	
Floors	FAMILY ROOM
Windows/Screens	Walls/Ceilings
Window Covering	Floors
Light Fixture	Windows/Screens
	Window Covering
	Light Fixture
KITCHEN	
Walls/Ceilings	
Floors	BREAKFAST NOOK
Window Covering/Screens	Walls/Ceilings
Sink/ Garbage Disposal	Floors
Cabinets	Windows/Screens
Range and Oven	Window Covering
Refrigerator	Light Fixture
Dishwasher	
	GARAGE/STORAGE
UTILITY AREA	Walls/Ceilings/Floors
Floors/ Walls/Ceiling	Windows/Screens
Washer and Dryer	Light Fixture

MASTER BEDROOM	MASTER BATHROOM
Walls/Ceilings	Walls/Ceilings
Floors	Floors
Windows/Screens	Light Fixture
Window Covering	Sink
Light Fixture	Toilet
	Tub/Shower
	Medicine Cabinet
	Window/Screens
	Exhaust Fan
BEDROOM 1	Towel Racks
Walls/Ceilings	
Floors	
Windows/Screens	
Window Covering	
Light Fixture	DEN
	Walls/Ceilings
	Floors
	Windows/Screens
	Window Covering
BEDROOM 2	Light Fixture
Walls/Ceilings	
Floors	
Windows/Screens	
Window Covering	
Light Fixture	BATHROOM
	Walls/Ceilings
	Floors
	Light Fixture
	Sink
BEDROOM 3	Toilet
Walls/Ceilings	Tub/Shower
Floors	Medicine Cabinet
Windows/Screens	Window
Window Covering	Exhaust Fan
Light Fixture	Towel Racks

BEDROOM 3	BATHROOM
Walls/Ceilings	Walls/Ceilings
Floors	Floors
Windows/Screens	Light Fixture
Window Covering	Sink
Light Fixture	Toilet
	Tub/Shower
	Medicine Cabinet
	Window
	Exhaust Fan
SERVICE EQUIPMENT	Towel Racks
Air Conditioner	
Furnace	
	BATHROOM
	Walls/Ceilings
LAWN/LANDSCAPE	Floors
	Light Fixture
	Sink
	Toilet
	Tub/Shower
	Medicine Cabinet
EXTERIOR	Window
	Exhaust Fan
	Towel Racks
RECEIVED:	
Number of Keys:	Other:
Garage Door Opener:	Other:

Follow Up Items:

Tenant has inspected the above premises prior to occupancy and accepts it subject to the conditions and/or exceptions noted above. Tenant agrees to deliver the premises in like condition upon termination of the tenancy, normal wear and tear excepted.

The understand acknowledges that above is the condition of the property moving out.

Tenant

Tenant

Property Manager

Tenant Forwarding Address:	_____

Phone:	_____

Email:	_____

Tenant

Tenant

NOTES:

