

DEAR TENANTS,

We would like to take this opportunity to welcome you! We would also like to provide you with the following reminders pertaining to the terms of your lease.

****IMPORTANT****

UTILITIES FOR WHICH THE TENANT IS RESPONSIBLE FOR SHOULD BE IN THE TENANT'S NAME PRIOR TO OCCUPANCY. UTILITIES NOT SWITCHED MAY BE DISCONNECTED WITHOUT NOTICE.

NO MOVE-INS/MOVE-OUTS BETWEEN 6PM AND 8AM DAILY

Check-in procedures:

Check-in lists should be returned to us within 10 days of moving in. If we have not received an inspection checklist from you, we will assume that there are no defects in your apartment. These lists help track consistent maintenance problems. If you have not completed a checklist or would like a copy of what you have submitted, please contact Kacena Real Estate Management LLC.

Parking Assignments:

We will be maintaining a list of vehicle descriptions and license plate numbers for the cars assigned to specific parking places. Please provide us with a description of your vehicle within one week of your move-in date. If you have problems with someone parking in your stall, please leave them a note and notify us of the situation.

We suggest keeping all doors and bikes locked at all time. ***Bicycles are not allowed in the apartments or common hallways.***

Maintenance:

If you have a repair that needs to be done, please let us know. We would like to be informed of even minor problems before they become worse. Reporting of problems also protects you. All repairs will be prioritized by the management and we will attend to those we feel necessary as soon as we are able.

For **GENERAL** maintenance requests call 354-0386.

For maintenance **EMERGENCIES** after hours call 354-3100.

For any gas emergencies, please contact your gas provider.

Tenants' Responsibilities:

Please conduct yourself in a manner that will not disturb a neighbor's enjoyment of the premises. This includes, but is not limited to the following:

- A. Laundry facilities - Please only do laundry between 7:00 a.m. and 10:30 p.m. There are tenants on either side of laundry facilities and I ask that you use your sound judgment in the use of the facilities. Please clean dryer filters after every use.
- B. Conscientious use of stereos, televisions, vacuums, etc. Noise carries easily in a complex such as ours, so please be courteous.
- C. As per your lease, "tenants shall not deliberately or negligently destroy, deface, damage, impair or remove part of the premises or knowingly let another person do so." You are responsible for the behavior of your guests and their activities while here. Please act accordingly.

Rental Payments:

Rent is due the 1st of every month, in the form of **one check** per apartment. Please deliver to Kacena Real Estate Management LLC at 755 E 2nd Avenue, Coralville IA 52241 or mail to Kacena Real Estate Management LLC at PO Box 776, Iowa City IA 52244. A late charge will be assessed for any rent post marked or received after 5:00 p.m. on the 1st day of each month.

Vacations, School Breaks, etc.:

If you plan to leave for an extended period of time, please let us know in case an emergency arises.

Please do not hesitate to call us with any suggestions or complaints. We also have a drop box located outside the front of the building for after hour drop offs. We look forward to having you as one of our tenants.

MOVE IN SHEET

Tenant: _____

Address: _____ Unit # _____

City/St: _____

KITCHEN

Satisfactory	Unsatisfactory (see remarks)	REMARKS
<input type="checkbox"/>	<input type="checkbox"/>	Door inside/outside _____
<input type="checkbox"/>	<input type="checkbox"/>	knob/trim/jamb _____
<input type="checkbox"/>	<input type="checkbox"/>	Pantry shelves/door _____
<input type="checkbox"/>	<input type="checkbox"/>	knob/trim/jamb _____
<input type="checkbox"/>	<input type="checkbox"/>	Closet shelves/door _____
<input type="checkbox"/>	<input type="checkbox"/>	knob/trim/jamb _____
<input type="checkbox"/>	<input type="checkbox"/>	Ceiling _____
<input type="checkbox"/>	<input type="checkbox"/>	Walls _____
<input type="checkbox"/>	<input type="checkbox"/>	Switch/outlet covers _____
<input type="checkbox"/>	<input type="checkbox"/>	GFCI Test _____
<input type="checkbox"/>	<input type="checkbox"/>	Replace light bulb _____
<input type="checkbox"/>	<input type="checkbox"/>	Light fixture-inside/outside (1) _____
<input type="checkbox"/>	<input type="checkbox"/>	Light fixture-inside/outside (2) _____
<input type="checkbox"/>	<input type="checkbox"/>	Ceiling Fan and Blades _____
<input type="checkbox"/>	<input type="checkbox"/>	Floors sweep/mop/vacuum/edge _____
<input type="checkbox"/>	<input type="checkbox"/>	Window –inside/outside/screens _____
<input type="checkbox"/>	<input type="checkbox"/>	–sills/sash/tracks/trough/trim/jamb _____
<input type="checkbox"/>	<input type="checkbox"/>	Blinds/curtains _____
<input type="checkbox"/>	<input type="checkbox"/>	Cabinets- interior/exterior/drawers _____
<input type="checkbox"/>	<input type="checkbox"/>	Counter tops/splash _____
<input type="checkbox"/>	<input type="checkbox"/>	Sink/faucet/ aerator/ sprayer _____
<input type="checkbox"/>	<input type="checkbox"/>	Check Disposer/Wrench _____
<input type="checkbox"/>	<input type="checkbox"/>	Stove/brand _____
<input type="checkbox"/>	<input type="checkbox"/>	- top/sides of top _____
<input type="checkbox"/>	<input type="checkbox"/>	- drip pans wash/replace _____
<input type="checkbox"/>	<input type="checkbox"/>	- under top _____
<input type="checkbox"/>	<input type="checkbox"/>	- knobs/back _____
<input type="checkbox"/>	<input type="checkbox"/>	- oven _____
<input type="checkbox"/>	<input type="checkbox"/>	- door _____
<input type="checkbox"/>	<input type="checkbox"/>	- racks _____
<input type="checkbox"/>	<input type="checkbox"/>	- replace light bulb _____
<input type="checkbox"/>	<input type="checkbox"/>	- drawer _____
<input type="checkbox"/>	<input type="checkbox"/>	- floor under stove _____
<input type="checkbox"/>	<input type="checkbox"/>	- broiler pan _____
<input type="checkbox"/>	<input type="checkbox"/>	Hood Vent- exterior/filter/light bulb _____
<input type="checkbox"/>	<input type="checkbox"/>	Microwave- exterior/interior _____
<input type="checkbox"/>	<input type="checkbox"/>	Refrigerator model _____
<input type="checkbox"/>	<input type="checkbox"/>	- defrost _____
<input type="checkbox"/>	<input type="checkbox"/>	- inside/fresh food/freezer _____
<input type="checkbox"/>	<input type="checkbox"/>	- front/top/sides/ seals/handles _____
<input type="checkbox"/>	<input type="checkbox"/>	- replace light bulb _____
<input type="checkbox"/>	<input type="checkbox"/>	- floor underneath _____
<input type="checkbox"/>	<input type="checkbox"/>	- back _____
<input type="checkbox"/>	<input type="checkbox"/>	Dishwasher door-run cleaner _____
<input type="checkbox"/>	<input type="checkbox"/>	Dust high/low _____

KITCHEN (cont)

Satisfactory	Unsatisfactory (see remarks)	REMARKS
<input type="checkbox"/>	<input type="checkbox"/>	Sprinkler head_____
<input type="checkbox"/>	<input type="checkbox"/>	Base_____
<input type="checkbox"/>	<input type="checkbox"/>	Other_____
<input type="checkbox"/>	<input type="checkbox"/>	Vent/register covers_____

DINING AREA

Satisfactory	Unsatisfactory (see remarks)	
<input type="checkbox"/>	<input type="checkbox"/>	Doors inside/outside_____
<input type="checkbox"/>	<input type="checkbox"/>	knob/trim/jamb_____
<input type="checkbox"/>	<input type="checkbox"/>	Walls_____
<input type="checkbox"/>	<input type="checkbox"/>	Ceiling_____
<input type="checkbox"/>	<input type="checkbox"/>	Switch/outlet covers_____
<input type="checkbox"/>	<input type="checkbox"/>	Replace light bulb_____
<input type="checkbox"/>	<input type="checkbox"/>	Light fixture-inside/outside_____
<input type="checkbox"/>	<input type="checkbox"/>	Ceiling Fan and Blades_____
<input type="checkbox"/>	<input type="checkbox"/>	Floors- Sweep/mop/vacuum/edge_____
<input type="checkbox"/>	<input type="checkbox"/>	Window -inside/outside/screens_____
<input type="checkbox"/>	<input type="checkbox"/>	-sills/sash/tracks/trough/trim/jamb_____
<input type="checkbox"/>	<input type="checkbox"/>	Blinds/curtains_____
<input type="checkbox"/>	<input type="checkbox"/>	Dust high/low_____
<input type="checkbox"/>	<input type="checkbox"/>	Vent/register covers_____
<input type="checkbox"/>	<input type="checkbox"/>	Sprinkler head_____
<input type="checkbox"/>	<input type="checkbox"/>	Base_____
<input type="checkbox"/>	<input type="checkbox"/>	Other_____

ENTRY/FOYER

Satisfactory	Unsatisfactory (see remarks)	
<input type="checkbox"/>	<input type="checkbox"/>	Door inside/outside_____
<input type="checkbox"/>	<input type="checkbox"/>	knob/trim/jamb_____
<input type="checkbox"/>	<input type="checkbox"/>	Closet shelves/door_____
<input type="checkbox"/>	<input type="checkbox"/>	knob/trim/jamb_____
<input type="checkbox"/>	<input type="checkbox"/>	Walls_____
<input type="checkbox"/>	<input type="checkbox"/>	Ceiling_____
<input type="checkbox"/>	<input type="checkbox"/>	Switch/outlet covers_____
<input type="checkbox"/>	<input type="checkbox"/>	Light fixture-inside/outside_____
<input type="checkbox"/>	<input type="checkbox"/>	Floors- Sweep/mop/vacuum/edge_____
<input type="checkbox"/>	<input type="checkbox"/>	Window -inside/outside/screens_____
<input type="checkbox"/>	<input type="checkbox"/>	-sills/sash/tracks/trough/trim/jamb_____
<input type="checkbox"/>	<input type="checkbox"/>	Blinds/curtains_____
<input type="checkbox"/>	<input type="checkbox"/>	Dust high/low_____
<input type="checkbox"/>	<input type="checkbox"/>	Sprinkler head_____
<input type="checkbox"/>	<input type="checkbox"/>	Base_____
<input type="checkbox"/>	<input type="checkbox"/>	Other_____

LIVING ROOM

Satisfactory	Unsatisfactory (see remarks)	
<input type="checkbox"/>	<input type="checkbox"/>	Door inside/outside_____
<input type="checkbox"/>	<input type="checkbox"/>	knob/trim/jamb_____
<input type="checkbox"/>	<input type="checkbox"/>	Walls_____
<input type="checkbox"/>	<input type="checkbox"/>	Ceiling_____
<input type="checkbox"/>	<input type="checkbox"/>	Switch/outlet covers_____
<input type="checkbox"/>	<input type="checkbox"/>	Closet shelves/door_____
<input type="checkbox"/>	<input type="checkbox"/>	knob/trim/jamb_____
<input type="checkbox"/>	<input type="checkbox"/>	Replace light bulb_____
<input type="checkbox"/>	<input type="checkbox"/>	Light fixture-inside/outside_____
<input type="checkbox"/>	<input type="checkbox"/>	Ceiling Fan and Blades_____

LIVING ROOM (cont)

Satisfactory	Unsatisfactory (see remarks)	REMARKS
<input type="checkbox"/>	<input type="checkbox"/>	Floors- Sweep/mop/vacuum/edge _____
<input type="checkbox"/>	<input type="checkbox"/>	Fireplace _____
<input type="checkbox"/>	<input type="checkbox"/>	Window –inside/outside/screens _____
<input type="checkbox"/>	<input type="checkbox"/>	–sills/sash/tracks/trough/trim/jamb _____
<input type="checkbox"/>	<input type="checkbox"/>	Blinds/curtains _____
<input type="checkbox"/>	<input type="checkbox"/>	Dust high/low _____
<input type="checkbox"/>	<input type="checkbox"/>	Vent/register covers _____
<input type="checkbox"/>	<input type="checkbox"/>	Sprinkler head _____
<input type="checkbox"/>	<input type="checkbox"/>	Smoke Detector Test _____
<input type="checkbox"/>	<input type="checkbox"/>	Base _____
<input type="checkbox"/>	<input type="checkbox"/>	Other _____

FAMILY ROOM

Satisfactory	Unsatisfactory (see remarks)	REMARKS
<input type="checkbox"/>	<input type="checkbox"/>	Walls _____
<input type="checkbox"/>	<input type="checkbox"/>	Ceiling _____
<input type="checkbox"/>	<input type="checkbox"/>	Switch/outlet covers _____
<input type="checkbox"/>	<input type="checkbox"/>	Closet shelves/door _____
<input type="checkbox"/>	<input type="checkbox"/>	knob/trim/jamb _____
<input type="checkbox"/>	<input type="checkbox"/>	Replace light bulb _____
<input type="checkbox"/>	<input type="checkbox"/>	Light fixture-inside/outside _____
<input type="checkbox"/>	<input type="checkbox"/>	Ceiling Fan and Blades _____
<input type="checkbox"/>	<input type="checkbox"/>	Floors- Sweep/mop/vacuum/edge _____
<input type="checkbox"/>	<input type="checkbox"/>	Fireplace _____
<input type="checkbox"/>	<input type="checkbox"/>	Window –inside/outside/screens _____
<input type="checkbox"/>	<input type="checkbox"/>	–sills/sash/tracks/trough/trim/jamb _____
<input type="checkbox"/>	<input type="checkbox"/>	Blinds/curtains _____
<input type="checkbox"/>	<input type="checkbox"/>	Dust high/low _____
<input type="checkbox"/>	<input type="checkbox"/>	Vent/register covers _____
<input type="checkbox"/>	<input type="checkbox"/>	Smoke Detector Test _____
<input type="checkbox"/>	<input type="checkbox"/>	Sprinkler head _____
<input type="checkbox"/>	<input type="checkbox"/>	Base _____
<input type="checkbox"/>	<input type="checkbox"/>	Other _____

HALL UP/DOWN

Satisfactory	Unsatisfactory (see remarks)	REMARKS
<input type="checkbox"/>	<input type="checkbox"/>	Closet shelves/door _____
<input type="checkbox"/>	<input type="checkbox"/>	knob/trim/jamb _____
<input type="checkbox"/>	<input type="checkbox"/>	Walls _____
<input type="checkbox"/>	<input type="checkbox"/>	Switch/outlet covers _____
<input type="checkbox"/>	<input type="checkbox"/>	Light fixture-inside/outside _____
<input type="checkbox"/>	<input type="checkbox"/>	Replace light bulb _____
<input type="checkbox"/>	<input type="checkbox"/>	Window –inside/outside/screens _____
<input type="checkbox"/>	<input type="checkbox"/>	–sills/sash/tracks/trough/trim/jamb _____
<input type="checkbox"/>	<input type="checkbox"/>	Blinds/curtains _____
<input type="checkbox"/>	<input type="checkbox"/>	Floors- Sweep/mop/vacuum/edge _____
<input type="checkbox"/>	<input type="checkbox"/>	Dust high/low _____
<input type="checkbox"/>	<input type="checkbox"/>	Vent/register covers _____
<input type="checkbox"/>	<input type="checkbox"/>	Smoke Detector Test _____
<input type="checkbox"/>	<input type="checkbox"/>	Sprinkler head _____
<input type="checkbox"/>	<input type="checkbox"/>	Base _____
<input type="checkbox"/>	<input type="checkbox"/>	Other _____

STAIRS UP/DOWN

Satisfactory Unsatisfactory
(see remarks)

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Walls _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Handrail _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Landing _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Steps/trim _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Switch/outlet covers _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Light fixture-inside/outside _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Replace light bulb _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Window –inside/outside/screens _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | –sills/sash/tracks/trough/trim/jamb _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Blinds/curtains _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Floors- Sweep/mop/vacuum/edge _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Dust high/low _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Vent/register covers _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Smoke Detector Test _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Sprinkler head _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Base _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Other _____ |

BATH 1 _____

Satisfactory Unsatisfactory
(see remarks)

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Door inside/outside _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | knob/trim/jamb _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Walls _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Ceiling _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Switch/Outlet covers _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | GFCI Test _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Replace light bulbs _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Light fixture-inside/outside (1) _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Light fixture-inside/outside (2) _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Fan cover _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Window –inside/outside/screens _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | –sills/sash/tracks/trough/trim/jamb _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Floors- Sweep/mop/vacuum/edge _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Sink/faucet aerator _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Lav. Top _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Mirror _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Med. cabinet _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Vanity-inside/outside _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Toilet inside/outside _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | T.P. holder/towel bars _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Tub/surround/ shower head _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Shower/bath doors _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Closet shelves/door _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | knob/trim/jamb _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Dust high/low _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Vent/register covers _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Sprinkler head _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Base _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Other _____ |

BATH 2 _____

Satisfactory Unsatisfactory
(see remarks)

- | | | |
|--------------------------|--------------------------|---------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Door inside/outside _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | knob/trim/jamb _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Walls _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Ceiling _____ |

BATH 2 (cont)

Satisfactory	Unsatisfactory (see remarks)	REMARKS
<input type="checkbox"/>	<input type="checkbox"/>	Switch/Outlet covers_____
<input type="checkbox"/>	<input type="checkbox"/>	GFCI Test _____
<input type="checkbox"/>	<input type="checkbox"/>	Replace light bulbs_____
<input type="checkbox"/>	<input type="checkbox"/>	Light fixture-inside/outside (1) _____
<input type="checkbox"/>	<input type="checkbox"/>	Light fixture-inside/outside (2) _____
<input type="checkbox"/>	<input type="checkbox"/>	Fan cover_____
<input type="checkbox"/>	<input type="checkbox"/>	Window –inside/outside/screens_____
<input type="checkbox"/>	<input type="checkbox"/>	–sills/sash/tracks/trough/trim/jamb_____
<input type="checkbox"/>	<input type="checkbox"/>	Floors- Sweep/mop/vacuum/edge _____
<input type="checkbox"/>	<input type="checkbox"/>	Sink/faucet/ aerator_____
<input type="checkbox"/>	<input type="checkbox"/>	Lav. Top _____
<input type="checkbox"/>	<input type="checkbox"/>	Mirror _____
<input type="checkbox"/>	<input type="checkbox"/>	Med. cabinet _____
<input type="checkbox"/>	<input type="checkbox"/>	Vanity-inside/outside_____
<input type="checkbox"/>	<input type="checkbox"/>	Toilet inside/outside_____
<input type="checkbox"/>	<input type="checkbox"/>	T.P. holder/towel bars _____
<input type="checkbox"/>	<input type="checkbox"/>	Tub/surround/ shower head_____
<input type="checkbox"/>	<input type="checkbox"/>	Shower/bath doors _____
<input type="checkbox"/>	<input type="checkbox"/>	Closet shelves/door_____
<input type="checkbox"/>	<input type="checkbox"/>	knob/trim/jamb_____
<input type="checkbox"/>	<input type="checkbox"/>	Dust high/low _____
<input type="checkbox"/>	<input type="checkbox"/>	Vent/register covers _____
<input type="checkbox"/>	<input type="checkbox"/>	Sprinkler head_____
<input type="checkbox"/>	<input type="checkbox"/>	Base_____
<input type="checkbox"/>	<input type="checkbox"/>	Other_____

BEDROOM 1

Satisfactory	Unsatisfactory (see remarks)	
<input type="checkbox"/>	<input type="checkbox"/>	Door inside/outside_____
<input type="checkbox"/>	<input type="checkbox"/>	knob/trim/jamb_____
<input type="checkbox"/>	<input type="checkbox"/>	Walls _____
<input type="checkbox"/>	<input type="checkbox"/>	Ceiling _____
<input type="checkbox"/>	<input type="checkbox"/>	Switch/outlet covers _____
<input type="checkbox"/>	<input type="checkbox"/>	Replace light bulbs _____
<input type="checkbox"/>	<input type="checkbox"/>	Light fixture-inside/outside_____
<input type="checkbox"/>	<input type="checkbox"/>	Ceiling Fan and Blades _____
<input type="checkbox"/>	<input type="checkbox"/>	Floors- Sweep/mop/vacuum/edge _____
<input type="checkbox"/>	<input type="checkbox"/>	Closet shelves/door_____
<input type="checkbox"/>	<input type="checkbox"/>	knob/trim/jamb_____
<input type="checkbox"/>	<input type="checkbox"/>	Window –inside/outside/screens_____
<input type="checkbox"/>	<input type="checkbox"/>	sills/sash/tracks/trim/jamb_____
<input type="checkbox"/>	<input type="checkbox"/>	Blinds/curtains_____
<input type="checkbox"/>	<input type="checkbox"/>	Dust high/low _____
<input type="checkbox"/>	<input type="checkbox"/>	Vent/register covers _____
<input type="checkbox"/>	<input type="checkbox"/>	Smoke Detector Test_____
<input type="checkbox"/>	<input type="checkbox"/>	Sprinkler head_____
<input type="checkbox"/>	<input type="checkbox"/>	Base_____
<input type="checkbox"/>	<input type="checkbox"/>	Other_____

BEDROOM 2

Satisfactory	Unsatisfactory (see remarks)	
<input type="checkbox"/>	<input type="checkbox"/>	Door inside/outside_____
<input type="checkbox"/>	<input type="checkbox"/>	knob/trim/jamb_____
<input type="checkbox"/>	<input type="checkbox"/>	Walls _____
<input type="checkbox"/>	<input type="checkbox"/>	Ceiling _____
<input type="checkbox"/>	<input type="checkbox"/>	Switch/outlet covers _____

BEDROOM 2 (cont)

Satisfactory	Unsatisfactory (see remarks)	REMARKS
<input type="checkbox"/>	<input type="checkbox"/>	Replace light bulbs _____
<input type="checkbox"/>	<input type="checkbox"/>	Light fixture-inside/outside _____
<input type="checkbox"/>	<input type="checkbox"/>	Ceiling Fan and Blades _____
<input type="checkbox"/>	<input type="checkbox"/>	Floors- Sweep/mop/vacuum/edge _____
<input type="checkbox"/>	<input type="checkbox"/>	Closet shelves/door _____
<input type="checkbox"/>	<input type="checkbox"/>	knob/trim/jamb _____
<input type="checkbox"/>	<input type="checkbox"/>	Window -inside/outside/screens _____
<input type="checkbox"/>	<input type="checkbox"/>	-sills/sash/tracks/trough/trim/jamb _____
<input type="checkbox"/>	<input type="checkbox"/>	Blinds/curtains _____
<input type="checkbox"/>	<input type="checkbox"/>	Dust high/low _____
<input type="checkbox"/>	<input type="checkbox"/>	Vent/register covers _____
<input type="checkbox"/>	<input type="checkbox"/>	Smoke Detector Test _____
<input type="checkbox"/>	<input type="checkbox"/>	Sprinkler head _____
<input type="checkbox"/>	<input type="checkbox"/>	Base _____
<input type="checkbox"/>	<input type="checkbox"/>	Other _____

BEDROOM 3

Satisfactory	Unsatisfactory (see remarks)	REMARKS
<input type="checkbox"/>	<input type="checkbox"/>	Door inside/outside _____
<input type="checkbox"/>	<input type="checkbox"/>	knob/trim/jamb _____
<input type="checkbox"/>	<input type="checkbox"/>	Walls _____
<input type="checkbox"/>	<input type="checkbox"/>	Ceiling _____
<input type="checkbox"/>	<input type="checkbox"/>	Switch/outlet covers _____
<input type="checkbox"/>	<input type="checkbox"/>	Replace light bulbs _____
<input type="checkbox"/>	<input type="checkbox"/>	Light fixture-inside/outside _____
<input type="checkbox"/>	<input type="checkbox"/>	Ceiling Fan and Blades _____
<input type="checkbox"/>	<input type="checkbox"/>	Floors- Sweep/mop/vacuum/edge _____
<input type="checkbox"/>	<input type="checkbox"/>	knob/trim/jamb _____
<input type="checkbox"/>	<input type="checkbox"/>	Window -inside/outside/screens _____
<input type="checkbox"/>	<input type="checkbox"/>	-sills/sash/tracks/trough/trim/jamb _____
<input type="checkbox"/>	<input type="checkbox"/>	Blinds/curtains _____
<input type="checkbox"/>	<input type="checkbox"/>	Dust high/low _____
<input type="checkbox"/>	<input type="checkbox"/>	Vent/register covers _____
<input type="checkbox"/>	<input type="checkbox"/>	Smoke Detector Test _____
<input type="checkbox"/>	<input type="checkbox"/>	Sprinkler head _____
<input type="checkbox"/>	<input type="checkbox"/>	Base _____
<input type="checkbox"/>	<input type="checkbox"/>	Other _____

UTILITY

Satisfactory	Unsatisfactory (see remarks)	REMARKS
<input type="checkbox"/>	<input type="checkbox"/>	Door inside/outside _____
<input type="checkbox"/>	<input type="checkbox"/>	knob/trim/jamb _____
<input type="checkbox"/>	<input type="checkbox"/>	Furnace - replace filter _____
<input type="checkbox"/>	<input type="checkbox"/>	AC unit _____
<input type="checkbox"/>	<input type="checkbox"/>	- grill _____
<input type="checkbox"/>	<input type="checkbox"/>	- filter _____
<input type="checkbox"/>	<input type="checkbox"/>	Floors- Sweep/mop/vacuum/edge _____
<input type="checkbox"/>	<input type="checkbox"/>	Dust high/low _____
<input type="checkbox"/>	<input type="checkbox"/>	Replace light bulbs _____
<input type="checkbox"/>	<input type="checkbox"/>	Vent/register covers _____
<input type="checkbox"/>	<input type="checkbox"/>	Fire extinguisher ok/recharge/discharged _____
<input type="checkbox"/>	<input type="checkbox"/>	Sprinkler head _____
<input type="checkbox"/>	<input type="checkbox"/>	Base _____
<input type="checkbox"/>	<input type="checkbox"/>	Other _____

LAUNDRY

Satisfactory Unsatisfactory
(see remarks)

- Door inside/outside _____
- knob/trim/jamb _____
- Ceiling _____
- Switch/outlet covers _____
- Washer top/front _____
- Dryer top/front _____
- Closet shelves/door _____
- knob/trim/jamb _____
- Replace light bulbs _____
- Light fixture-inside/outside _____
- Floors- Sweep/mop/vacuum/edge _____
- Dust high/low _____
- Vent/Register covers _____
- Sprinkler head _____
- Base _____
- Other _____

DECK/PATIO

Satisfactory Unsatisfactory
(see remarks)

- _____
- _____
- Other _____

GARAGE / STORAGE CLOSET

Satisfactory Unsatisfactory
(see remarks)

- Misc. material _____
- Floor-sweep/mop _____
- Garage Remote Left in unit? Yes ____ no ____
- Recycling containers? Yes ____ no ____
- Other _____

BATH

Satisfactory Unsatisfactory
(see remarks)

- Door inside/outside _____
- knob/trim/jamb _____
- Walls _____
- Ceiling _____
- Switch/Outlet covers _____
- GFCI Test _____
- Replace light bulbs _____
- Light fixture-inside/outside (1) _____
- Light fixture-inside/outside (2) _____
- Fan cover _____
- Window -inside/outside/screens _____
- sills/sash/tracks/trough/trim/jamb _____
- Floors- Sweep/mop/vacuum/edge _____
- Sink/faucet/ aerator _____
- Lav. Top _____
- Mirror _____
- Med. cabinet _____
- Vanity-inside/outside _____
- Toilet inside/outside _____
- T.P. holder/towel bars _____
- Tub/surround/ shower head _____
- Shower/bath doors _____

