

Inspection Sheet

Address and Unit # _____

	Item	New	Good	Detailed Description of Any Defects	NR*	L*	T*
GENERAL ITEMS	Items at Entrance						
	Floors						
	Walls & Ceilings						
	Windows, Sills, Screens						
	Drapes, Blinds						
	Doors						
	Lights, Switches, Plates						
	Closets						
BATH	Tub, Shower, Toilet						
	Sink, Vanity, Cabinets						
	Mirrors & Accessories						
KITCHEN	Countertops & Cabinets						
	Range & Refrigerator						
	Sink, Disposal, Taps						
OTHER							

* Indicates who will correct defects, if any: NR = not required; L = Landlord; T = Tenant.

I (we) have personally inspected the unit we will occupy and agree that this represents an accurate account of the condition.

_____ Landlord _____ Date

_____ Tenant(s) _____ Date