Residence Hall Check Out

Resident's Name	Room #	Date
Belongings are removed from room		
Drawers are empty		
Furniture pulled away from walls		
Floor swept		
Bathroom supplies removed		
Bathroom clean		
Please note any damage to the furniture, w	alls, lights windows, b	linds, etc.
(Any damage repair costs will be split between the Key returned (\$10 charge) Key fob returned (\$25 charge) Returning (Lease signed for note in the second state of the sec	Surpext semester and depo	pervisors Signature osit paid?)
Bill paid in ICC business office		
Housing bill paid		
Bookstore & Library books returned		
Transcrints requested		

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Move-Out Unit Inspection (Captian's Quarters)

Date of Inspection:			1					
Address of Unit:								
Current Resident:					Vacant	YES	NO	(Circle One)
	Working (Circle one)	Good Candition	Poor Condition	Service Request #	Comments:			
Lock/Door/Frame	Yes No	a = 1980.	2				1	<u> </u>
Entry Flooring	Yes No						4	
SAFETY EQUIPMENT		ir innation				1	1	PARTY OF STREET
Breaker Box	Yes No	0				4	1	
Smoke Detectors	Yes No					<u> </u>		
BATHROOM								A CONTRACTOR
Vanity/Sink/Plumbing	Yes No				1	-		
Toilet/Tub	Yes No					A	- 0	
Exhaust Fan	Yes No		7222					
Flooring	Yes No							
Walls/Ceiling	Yes No						11.50	
GFI	Yes No	e of tenants		1		100		
Under Sink/Toilet	Yes No					V		
Caulking	Yes No	300				/		
BEDROOM A	e galasia					2567	MARTINE	A STREET, STRE
Walls/Ceiling	Yes No							
Carpet	Yes No			7				
Window/Screen	Yes No			The state of		9 Jan		
Outlets	Yes No				1			
Blinds	Yes No	,						
Lights	res No					172		
Smoke Detector	Yes No		1	<u> </u>		-		
BEDROOM B	V BESSE						St. Alle	。 11. 11. 11. 11. 11. 11. 11. 11. 11. 11.
Walls/Ceiling	es No		1					
Carpet	Yes No							
Window/Screen	Yes Vo							
Outlets	Yes No	4007						
Blinds	Yes No							
Lights	Yes No	9.3						
Smoke Detector	Yes No				1		-	
Health/Safety				ALCOHOL:		BACK.		
Check for unsanitary co	nditions. Ho	usekeeping	problems:	Yes No				
Check for insect infesta				rvice Request	# :			
Fire								tratual area plants in a fair
Any unauthorized heati	ing, cooking,	or laundry a	appliances o	perating or sto	red in the unit?			

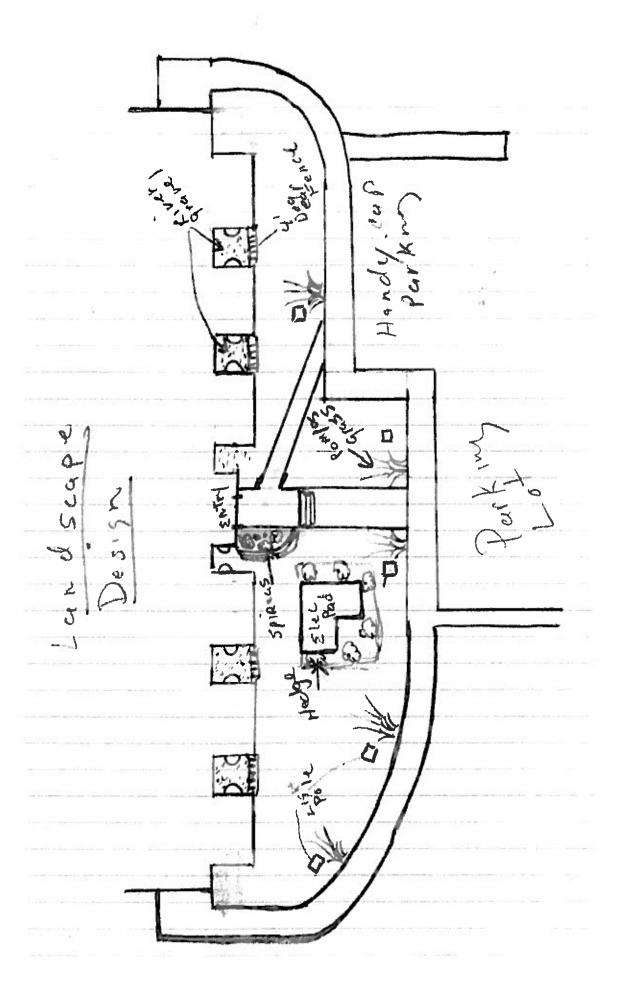
Moisture	Circle One	Service request #	Necessary Repairs/Comments
Does the apartment seem humid?	Yes No		
s there a musty odor in the air?	Yes No		
re the windows fogged or dripping with condensation?	Yes No	1 12 1-03 100	
Check that furniture is not flush to the wall.	Yes No		
Check that other objects too tight to the wall.	Yes No		
Proper ventilation throughout unit?	Yes No		
Check all plumbing for leaks, sweating pipes.	Yes No		
Check all windows for possible leaks.	Yes No		
Check for water damage on drywall and ceilings.	Yes No		
Check for water damage underneath all sinks.	Yes No		
Check for water damage inside cabinets/drawers	Yes No		
Check for water damage to flooring.	Yes No		
heck for standing water outside the unit.	Yes No		
s there any visible growth?	Yes No		Vocation:

Repair all water leaks within 24 hours of inspection.	
Date Repairs made: Follow up to	check for growth; date
s an inspection by a professional necessary?	Vis No
Date of certified inspection:	Attach convergence to this checklist
Name of those who inspected	Pate Signed
Signature of person who inspected	Date Inspection Complete

Move-Out Unit Inspection (Bricks)

Date of Inspection:	-							
Address of Unit:							<u>-</u> -	
Current Resident:				<u> </u>	Vacant	YES	NO	(Circle One)
	Working	Good	Poor	Service	Side Section	rate (Line		
	(Circle one)	Condition	Condition	Request #	Comments			是是自由自己的
Lock/Door/Frame	Yes No							
Entry Flooring	Yes No							
SAFETY EQUIPMENT	and the	1000		THE STATE OF THE	AND SECTION			AUGUSTER
Breaker Box	Yes No							
Smoke Detectors	Yes No							
BATHROOM		3.5				51	4333	A PART SOMETH
Vanity/Sink/Plumbing	Yes No					<u> </u>	750	
Toilet/Tub	Yes No							
Exhaust Fan	Yes No				1			
Flooring	Yes No			v / / / / / / / /	M		6	
	Yes No				100	1		
Walls/Ceiling	Yes No		0.00		A STATE OF THE PARTY OF THE PAR	land .		
GFI		-	_		. 48			
Under Sink/Toilet	Yes No				 	The same of		
Caulking	II TES NO			MIN N	NAME OF TAXABLE		100	TO THE WALL BY A CONTRACT OF
COMMON ROOM	T	2010/2012/19			THE REAL PROPERTY.	-		
Walls/Ceiling	Yes No	-	-	-		1990		
Carpet	Yes No	-		100		-	-> ->	
Window/Screen_	Yes No	- 4		- 10	-			
Outlets	Yes No	-69		1			_	
Blinds	Yes No	-	-	_			_	
Lights	Yes No	K-	- /		-	_		
Smoke Detector	Yes No.	-	1			Grandy V	ONE UNIT	entum discussion and second second
BEDROOM 1	Albake ten	187	7				Trans.	PARTICIPATION OF THE PARTY OF T
Walls/Ceiling	You No	1	_			7/2	-	
Carpet	Yes No	<u> </u>	100			SPSTOR S	5 6. 6	
Window/Screen	Yes No	1	70	-				
Outlets	Yes No	100	W		172 4 7 8 9 9			
Blinds	Yes No	-						
Lights	Yes No							
Smoke Detector	Yes No	All						
BEDROOM 2	V	/	是用的分别			NO PERSON	HS104H	leaseastered arthorists of their
Walls/Ceiling	Pus No		16 5650					
Carpet	Yes No							
Window/Screen	Yes No							
Outlets	Yes No			Karana				
Blinds	Yes No	777						
Lights	Yes No	7.00	100			780	-02	
Smoke Detector	Yes No				7.00	(
Control of the Contro	163 140	William St.	DESCRIPTION OF THE PERSON OF T	in incres			MINE.	可用于自由人们自由人的。 1000年(1000年)
BEDROOM 3	Yes No	1	T			-0.00.000	-107 14, 16.5	
Walls/Ceiling			1				2012	
Carpet	Yes No							7.54

Window/Screen	Yes_No			
Outlets	Yes No	724		
Blinds	Yes No			3.37667. 70 20032
Lights_	Yes No		15 A001 3084 19	
Smoke Detector	Yes No	AMELIE - MOTOMOTA - CO		
BEDROOM 4				
Walls/Celling	Yes No			
Carpet	Yes No			
Window/Screen	Yes No			
Outlets	Yes No			7
Blinds_	Yes No		//	
Lights	Yes No			
Smoke Detector	Yes No			
Health/Safety				College College College
Check for unsanitary of	onditions. Housekeeping p	roblems: Yes No		
Check for Insect infest		Service Request#:		
Fire				STATE ASSESSED
Any unauthorized hea	iting, cooking, or laundry ap	pliances operating or stored in the	102	
	ances stored in the unit or st			
Moisture		Circle One Service re	Nicessary Repairs	Comments
Does the apartment se	em humid?	YONG		
Is there a musty odor		8000		
	or dripping with condensation?	Ya Vo		
Check that furniture is		Yes	_	
Check that other object		Yes		
Proper ventilation thro		Yes No		
Check all plumbing for		Yes No		50 H - 2 4 5 3 4 5 4 5 4 5 4 5 4 5 4 5 4 5 4 5 4
Check all windows for		Yes No		
S	e on drywer ceilings.	The Na		
Check for water damage	10000	785-NO		
Check for water damag		Yes No		
Check for water dame	The second secon	Yes No		
Check for stand		Yes No		
ts there any whole grow		Yes No	Location	
1		100 110	Location	
Repair all water lands	Whin 24 hours	tion		
Date Repairs made:		ollow up to check for growth: d	ata:	
s an inspection by a	The state of the s	whose the constraint for those (ii. o		
Date of certified inspe	1000	*Attach copy of repo	Yes No	
		Alasin copy or rope	A CO SIND CHOCKING	
Name of those who	inspected	Date S	igned	
Signature of persor	who inspected	Date In	spection Complete	



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