Day Company PO Box 170706 Milwaukee, WI 53217-8061 Telephone 414 964 8100 daycompanymilwaukee.com

City:

Telephone:

State:

Zip Code:

Copy Distribution: White: Day Co. Office Canary: Resident Manager

Pink: Tenant



Quality. Value. Reliability.

Total

Apartment Condition Inspection Form

		Move In -	- Move Out			
Use of this Form	: Use t	his form to note the condit	ion of an apartme	nt upon	n inspection of	f the premises.
		closely. They will determi		-	-	-
		Date Moved □In □Out				
Apt. Address Apt. No.			Garage Door Remote Returned:			
Range		Ü	Med. Cab. & Van.			
Hood Fan			Water Closet/Seat			
Dishwasher			Ceramic Tile/Caulk			
Disposal			Towel Bars			
Refrigerator			Faucets			
Kitchen			Walls/Ceiling			
Formica Top			Tub/Shower			
Sink Faucets			Bathroom, Master			
Cabinets, Hardware			Med. Cab. & Van.			
Floor			Water Closet/Seat			
Walls, Ceiling			Ceramic Tile/Caulk			
Fixtures & Bulbs			Towel Bars			
Dining Room			Faucets			
Fixtures & Bulbs			Walls/Ceiling			
Floor/Carpet			Tub/Shower			
Walls/Ceiling			Bedroom #1			
Living Room			Floor/Carpet			
Floor/Carpet			Walls/Ceiling			
Walls/Ceiling			Closet Doors			
Windows			Windows			
Blinds			Bedroom #2			
Air Conditioning			Floor/Carpet			
Sliding Door			Walls/Ceiling			
Washer/Dryer			Closet Doors			
Hallway			Windows			
Linen Closet			Bedroom #3			
Fixtures & Bulbs			Floor/Carpet			
Walls/Ceiling			Walls/Ceiling			
Garage			Closet Doors			
Floor			Windows			
Comments						
Tenant Signature:			Resident Mana	ıger:		
I have examined the	aid promi	ses and I am satisfied with the				
			Ouan		Itam	Cost
physical condition thereof. The said premises are in good order and repair except as otherwise specified hereon. I understand			Quan.		Item	Cost
		ean and undamaged, other than				
normal wear and tear.	. Simble Ch	zan and madinaged, onter munt				
more more roun.						
FORWADING ADDRE	ESS AND F	PHONE:				
To be completed by ten						
Name:	,	-	7			
Street Address:			1			