



FINAL WALK-THROUGH FROM

In accordance with the lease dated _____ a walk-through inspection of _____
("Property") was made this _____ date. The following existing items were inspected and found to be as noted below.

Working Order

YES NO

___ ___ Stove or Range
___ ___ Cook top
___ ___ Wall Oven(s) # ___
___ ___ Refrigerator
___ ___ w/ Ice maker
___ ___ Dishwasher
___ ___ Microwave
___ ___ Trash Compactor
___ ___ Disposer
___ ___ Freezer
___ ___ Window Fan(s) # ___
___ ___ Ceiling Fans(s) # ___
___ ___ Smoke Detectors

Working Order

YES NO

___ ___ Washer
___ ___ Dryer
___ ___ Humidifier
___ ___ Electronic Air Filter
___ ___ Central Vacuum
___ ___ Water Softener
___ ___ Alarm System
___ ___ Exhaust Fans
___ ___ Intercom
___ ___ Garage Opener(s) # ___
___ ___ w/ remote(s) # ___
___ ___ Heating Equipment
___ ___ Central Equipment
___ ___ Plumbing Fixtures
___ ___ Lighting Fixtures

In Place

YES NO

___ ___ Wall to Wall carpet
___ ___ Shades and/or Blinds
___ ___ Window Treatment
___ ___ Playground
___ ___ Existing Storm Windows
___ ___ Storage Shed(s) #
___ ___ Fireplace
___ ___ Wood Stove
___ ___ Existing Screens
___ ___ Existing Storm Doors
___ ___ Exterior Trees & Shrubs
___ ___ Hurricane Shutters

Remarks: _____

TENANT(S):

Date: _____ Signature: _____

LANDLORD(S):

Date: _____ Signature: _____

Date: _____ Signature: _____

Date: _____ Signature: _____