



FINAL WALK-THROUGH FORM

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
___ ___ freezer
___ ___ microwave
___ ___ compactor
___ ___ disposer
___ ___ dishwasher
___ ___ window fan(s) #___
___ ___ ceiling fan(s) #___
___ ___ smoke detectors
___ ___ lighting equipment

WORKING ORDER

YES NO

___ ___ washer
___ ___ dryer
___ ___ humidifier
___ ___ air filter
___ ___ central vacuum
___ ___ water softener
___ ___ alarm system
___ ___ exhaust fans
___ ___ intercom
___ ___ garage opener #___
___ ___ w/ remote(s) #___
___ ___ heating equipment
___ ___ central equipment
___ ___ plumbing fixtures

IN PLACE

YES NO

___ ___ carpet
___ ___ shades/blinds
___ ___ window treatments
___ ___ playground
___ ___ storm windows
___ ___ storage shed(s)
___ ___ fireplace
___ ___ wood stove
___ ___ existing screens
___ ___ storm doors
___ ___ trees & shrubs
___ ___ hurricane shutters

Remarks: _____

TENANT(S):

LANDLORD(S):

DATE:

SIGNATURE:

DATE:

SIGNATURE:

DATE:

SIGNATURE:

DATE:

SIGNATURE: