	Apartment C	ondition	State	ment
				Date:
to see if it is correct, complete. If it is not premises. This state list or within fifteen (time period, a court	If it is correct, you must s correct, you must attach a s ment must be returned to th	ign it. This will show separate signed list of e lessor or his agent w whichever is later. If yo to return the list as y	that you agany damage ithin fifteen ou do not retour agreeme	hould read it carefully in order gree that the list is correct and which you believe exists in the (15) days after you receive this urn this list within the specified ent that the list is complete and
TO:		RE:		
Lessee		Ur	nit	
Address	A	ddress		
City	Zip	Ci	ty	Zip
Date://_	Lessor/Agent S	Signature:		
Lessor		Agent		
Address		Address		
City	Zip	City		Zip
Phone		Phone		
AGREED AND ASSEM	NTED TO:			/

Lessee

