

In Home, Pre-existing Conditions Report

CARRIER

Customer Name

Address

StateZipRegistration Number

OriginDestinationApartmentSingle Family HomeNew Construction - YesNo

Driver NameUnit

Entrance/Foyer

Steps

Storm Door

Inside Door

Floor/Walls

Other

Hall 1

Floors-CarpetHardwoodTileOther

Walls

Door Trim

Other

Hall 2

Floors-CarpetHardwoodTileOther

Walls

Door Trim

Other

Dining Room

Floors-CarpetHardwoodTileOther

Walls

Door Trim

Other

Living Room

Floors-CarpetHardwoodTileOther

Walls

Door Trim

Other

Kitchen

Floors-CarpetHardwoodTileOther

Walls

Door Trim

Other

Family Room

Floors-CarpetHardwoodTileOther

Walls

Door Trim

Other

Utility Room

Floors-CarpetHardwoodTileOther

Walls

Door Trim

Other

Master Bedroom

Floors-CarpetHardwoodTileOther

Walls

Door Trim

Other

Bedroom 1

Floors-CarpetHardwoodTileOther

Walls

Door Trim

Other

Bedroom 2

Floors-CarpetHardwoodTileOther

Walls

Door Trim

Other

Bedroom 3

Floors-CarpetHardwoodTileOther

Walls

Door Trim

Other

Stairway 1

Floors-CarpetHardwoodTileOther

Walls

Door Trim

Other

Stairway 2

Floors-CarpetHardwoodTileOther

Walls

Door Trim

Other

Other

Floors-CarpetHardwoodTileOther

Walls

Door Trim

Other

Driveway / Walkway

Other Comments or Conditions:

This Document is a complete and accurate accounting of the condition of the customers home.

Before loading / Unloading Van: (Circle one)

Driver Signature

Date

Customers Signature

Date

After loading / Unloading Van: (Circle one)

Driver Signature

Date

Customers Signature

Date