

JOINT INSPECTION

THIS INSPECTION SHOULD BE COMPLETED PROMPTLY FOLLOWING INITIAL
OCCUPANCY OR UPON DELIVERY OF POSSESSION

LANDLORD: [CIMRT]

TENANT: [Tenant]

PREMISES: [Complete Address of Leasing Space]

DATE OF POSSESSION: [Move-in Date]

CONDITION OF PREMISES: INDICATE WITH A CHECK OF EITHER "YES" OR "NO" IF THE FEATURE IS CLEAN AND UNDAMAGED. IF "NO", PROVIDE AN EXPLANATION IN THE "NOTES", OR IF "NOT APPLICABLE" INDICATE WITH "NA".

	Yes	No	Notes
Floor			
Wall			
Ceilings			
Door & Lock			
Light Fixture			
Windows & Screens			
Sink			
Disposal & Stopper			

FURNITURE INVENTORY (If the furniture is provided by CIMRT)

	Yes	No	Notes
Table			
Front Desk			
Laptop			
Desktop			
Display			
Board			
Banner			
Refrigerator			
Chairs			
Others			

The parties acknowledge that the above inspection was made on _____, and that the conditions of the premises and the inventory of furnishings and appliances is as shown above. The parties further agree that a copy of this Joint Inspection was provided to Tenant.

[Signature of CIMRT]

[Signature of Tenant]