Move In Maintenance/Cleaning Request

Date: _____

Property Address: _____

Tenant Name(s): _____

Tenant Phone Number: _____
*note – if phone number is not known at move-in, please notify landlord as soon as possible so that records can be up to date.

# of Keys received by tenant at move-in: _____

Cleaning/Maintenance Requested: _____

_____

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Please note – Be very thorough on the attached forms. We will use these forms for comparison when you move out. Use this page for any maintenance requests you may have. All damages are to be noted on the attached move-in damage inspection report. If your unit is not clean when you take possession, please call our office **immediately** and we will have your unit cleaned. If you choose to clean yourself, you will not be reimbursed and you will still be expected to clean at your move-out. If you have emergency maintenance, please call our office at 355-2021 **immediately.**

NOTE – THIS FORM MUST BE RETURNED TO LANDLORD WITHIN 7 DAYS TO BECOME PART OF YOUR TENANT FILE.

MOVE-IN DAMAGE CHECKLIST

Note - This form is to be used to note existing damages or conditions in your unit that do not need repaired. Only items noted on the first page (the move-in maintenance/cleaning request) will be addressed. Please use additional paper if necessary

	OK (Y/N)	Comments
KITCHEN		
Floors	_____	_____
Walls	_____	_____
Cabinets	_____	_____
Counters	_____	_____
Sink	_____	_____
Faucett	_____	_____
Stopper	_____	_____
Receptacles	_____	_____
Range	_____	_____
Range Drip Pans	_____	_____
Oven Racks	_____	_____
Oven Light	_____	_____
Range Hood/Light	_____	_____
Drip Pans	_____	_____
Refrigerator	_____	_____
Light	_____	_____
Trays/Shelves	_____	_____
Dishwasher	_____	_____
Microwave	_____	_____
Garbage Disposal	_____	_____
Fire Extinguisher	_____	_____
Smoke Detector	_____	_____
Windows/Screens	_____	_____
Light Bulbs	_____	_____
Other: _____	_____	_____
Other: _____	_____	_____

DINING ROOM		
Floors	_____	_____
Walls	_____	_____
Receptacles	_____	_____
Smoke Detector	_____	_____
Windows/Screens	_____	_____
Light Bulbs	_____	_____
Other: _____	_____	_____
Other: _____	_____	_____

LIVING ROOM

Floors	_____	_____
Walls	_____	_____
Receptacles	_____	_____
Smoke Detector	_____	_____
Windows/Screens	_____	_____
Blinds/Curtains	_____	_____
Light Bulbs	_____	_____
Other: _____	_____	_____

MASTER BEDROOM

Floors	_____	_____
Walls	_____	_____
Receptacles	_____	_____
Smoke Detector	_____	_____
Windows/Screens	_____	_____
Blinds/Curtains	_____	_____
Light Bulbs	_____	_____
Other: _____	_____	_____

BEDROOM 2

Floors	_____	_____
Walls	_____	_____
Receptacles	_____	_____
Smoke Detector	_____	_____
Windows/Screens	_____	_____
Blinds/Curtains	_____	_____
Light Bulbs	_____	_____
Other: _____	_____	_____

BEDROOM 3

Floors	_____	_____
Walls	_____	_____
Receptacles	_____	_____
Smoke Detector	_____	_____
Windows/Screens	_____	_____
Blinds/Curtains	_____	_____
Light Bulbs	_____	_____
Other: _____	_____	_____

BEDROOM 4

Floors	_____	_____
Walls	_____	_____
Receptacles	_____	_____
Smoke Detector	_____	_____
Windows/Screens	_____	_____
Blinds/Curtains	_____	_____
Light Bulbs	_____	_____
Other: _____	_____	_____

MASTER BATHROOM

Floors	_____	_____
Walls	_____	_____
Receptacles	_____	_____
Windows/Screens	_____	_____
Blinds/Curtains	_____	_____
Bathtub/Shower	_____	_____
Tub Faucet	_____	_____
Tub Surround	_____	_____
Tub/Shower Grout	_____	_____
Drain	_____	_____
Sink	_____	_____
Faucet	_____	_____
Drain	_____	_____
Medicine Cabinet/Mirror	_____	_____
Light Bulbs	_____	_____
Other: _____	_____	_____

BATHROOM 2

Floors	_____	_____
Walls	_____	_____
Receptacles	_____	_____
Windows/Screens	_____	_____
Blinds/Curtains	_____	_____
Bathtub/Shower	_____	_____
Tub Faucet	_____	_____
Tub Surround	_____	_____
Tub/Shower Grout	_____	_____
Drain	_____	_____
Sink	_____	_____
Faucet	_____	_____
Drain	_____	_____
Medicine Cabinet/Mirror	_____	_____
Light Bulbs	_____	_____
Other: _____	_____	_____

BASEMENT

_____	_____	_____
_____	_____	_____
_____	_____	_____

GARAGE

_____	_____	_____
_____	_____	_____
_____	_____	_____

BALCONIES/PORCHES/DECKS

_____	_____	_____
_____	_____	_____
_____	_____	_____