Form 2: Move-Out Inspection Form

Resident Information

Resident Name: _____

Unit Number: _____

Move-Out Date: _____

Pre-Move Inspection (To be completed before items are moved)

[ ] Passageways / Hallways: No Damage [ ] Existing Damage

[ ] Elevator Interior: No Damage [ ] Existing Damage

[ ] Walls & Corners: No Damage [ ] Existing Damage

[ ] Floors / Tiles: No Damage [ ] Existing Damage

[ ] Doors / Frames: No Damage [ ] Existing Damage

[ ] Signage: No Damage [ ] Existing Damage

Other Notes: _____

Inspector Signature: _____ Date: _____

Resident Signature: _____ Date: _____

Post-Move Inspection (To be completed after move is finished)

[ ] Passageways / Hallways: No New Damage [ ] Damage Noted

[ ] Elevator Interior: No New Damage [ ] Damage Noted

[ ] Walls & Corners: No New Damage [ ] Damage Noted

[ ] Floors / Tiles: No New Damage [ ] Damage Noted

[ ] Doors / Frames: No New Damage [ ] Damage Noted

[ ] Signage: No New Damage [ ] Damage Noted

Other Notes: _____

Inspector Signature: _____ Date: _____

Resident Signature: _____ Date: _____

Building Management Representative: _____ Date: _____