

CHECK IN/ CHECK OUT LIST
 [ADDRESS], [CITY/STATE/ZIP]

ITEM	CHECK IN	CHECK OUT
Carpet		
Walls/Paint		
Doors		
Light fixtures		
Windows		
Smoke Alarms (#)		
Water fixtures		
Water heater		
Toilets		
Sinks		
Disposal		
Oven		
Dish Washer		
Range		
Microwave		
Refrigerator		
Furnace		
Airconditioner		
Patio		
ParkingSpace		
Garagedooropener		

_____ Date

_____ Landlord

_____ Tenant