

CHECK-IN/CHECK-OUT CONDITION REPORT

NAME(S): _____ UNIT: _____
 ADDRESS: _____ STATE: _____ ZIP: _____
 CITY: _____

	IN 1 - 5	OUT 1 - 5		IN 1 - 5	OUT 1 - 5		IN 1 - 5	OUT 1 - 5
GENERAL ITEMS			LIVING ROOM			BATHROOM		
Walls			Fireplace			Towel Bars		
Window/Screens						Sink & Vanity		
Drapes/Curtains/Shades			KITCHEN			Toilet		
Rods			Stove			Tub/Shower		
Floor			Broiler Pan/Racks			Shower Rod		
Carpet/Rugs			Refrigerator			Paper Holder		
Wood/Linoleum			Ice Trays			Soap Dish		
Light Fixtures/Bulbs			Shelves/Drawer			Mirror		
Doors/Woodwork			Disposal					
Knobs/Locks			Dishwasher			ESSENTIAL SERVICES		
Ceilings			Counter Tops			Plumbing		
Electrical Outlets			Cabinets			Heating		
Garbage Cans			Sink			Electricity		
TV Antenna/Cable						Hot Water		
						Smoke Detector		
BEDROOM 1			BEDROOM 2			BEDROOM 3		
Walls			Walls			Walls		
Windows/Screens			Windows/Screens			Windows/Screens		
Drapes/Curtains/Shades			Drapes/Curtains/Shades			Drapes/Curtains/Shades		
Rods			Rods			Rods		
Floor			Floor			Floor		
Carpet/Rugs			Carpet/Rugs			Carpet/Rugs		
Wood/Linoleum			Wood/Linoleum			Wood/Linoleum		
Light Fixtures/Bulbs			Light Fixtures/Bulbs			Light Fixtures/Bulbs		
Doors/Woodwork			Doors/Woodwork			Doors/Woodwork		
Knobs/Locks			Knobs/Locks			Knobs/Locks		
Ceilings			Ceilings			Ceilings		
Electrical Outlets			Electrical Outlets			Electrical Outlets		

Rating Scale

- 1 = Excellent
- 2 = Very Good
- 3 = Good
- 4 = Fair
- 5 = Poor

Further explanation of the above: _____

Utility companies to be notified by tenant: _____

Number of keys provided to tenant: _____

I accept this unit in the above condition:

I left the unit in the above condition:

 Tenant Date

 Tenant Date

 Forwarding Address

I agree that all personal property remaining on the premises may be disposed of by the Owner/Agent without complying with the requirements of ORS 90.425:

 Tenant Date