

# FURNISHED INVENTORY CHECK IN / CHECK OUT CONDITION AND FINAL ACCOUNTING

# 10

NAME(S): \_\_\_\_\_ DATE: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ UNIT: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

NO.	IN	OUT	NO.	IN	OUT	NO.	IN	OUT
<b>GENERAL</b>			Ice Trays			Chest		
Walls			Shelves/Drawers			Nightstand		
Windows/Screens			Disposal			Lamp(s)		
Light Fixtures/Bulbs			Dishwasher			<b>BATHROOM</b>		
Woodwork/Doors			Table			Rods/Shower		
Drapes/Curtains/Shades			Chairs			Drapery/Curtain		
Rods/Drapery/Curtains			Cabinets			Carpets/Linoleum		
Carpeting/Rugs/Wood/Linoleum			Counter Tops			Tumbler Holder/Soap Dish		
<b>LIVING ROOM</b>			Sink			Paper Holder		
Upholstered Chairs			<b>ESSENTIAL SERVICES</b>			Sink		
Chairs			Plumbing			Medicine Cabinet		
End Tables			Hot Water			Toilet		
Coffee Table			Heating			Bath Tub		
Lamps – Floor			Electricity			Counter Tops		
Lamps – Table			Locks/Keys			Towel Rods		
Daveno/Hide-a-bed			Smoke Detector (7-80)			<b>MISCELLANEOUS</b>		
Fireplace Equipment			<b>BEDROOM(S)</b>			Rule Cards		
<b>KITCHEN/DINING AREA</b>			Mattress			Garbage Can		
Range			Box Springs/Springs			Washer		
Broiler Pan			Frame			Dryer		
Oven Racks			Headboard			TV Antenna/Cable		
Refrigerator			Dresser					

**Rating Scale**  
 1 = Excellent  
 2 = Very Good  
 3 = Good  
 4 = Fair  
 5 = Poor

Utility companies to be notified by tenant: \_\_\_\_\_  
 Number of keys provided to tenant: \_\_\_\_\_

Further explanation of the above: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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 \_\_\_\_\_