

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
GENERAL			Ice Trays			Chest		
Walls			Shelves/Drawers			Nightstand		
Windows/Screens			Disposal			Lamp(s)		
Light Fixtures/Bulbs			Dishwasher			BATHROOM		
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		
LIVING ROOM			Sink			Paper Holder		
Upholstered Chairs			ESSENTIAL SERVICES			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)			MISCELLANEOUS		
Fireplace Equipment			BEDROOM(S)			Rule Cards		
KITCHEN/DINING AREA			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 _____