

# BLUEBERRY HILL APARTMENT INSPECTION REPORT



\_\_\_\_\_ MOVE-IN INSPECTION  
 \_\_\_\_\_ MOVE-OUT INSPECTION  
 \_\_\_\_\_ DATE

**NAME** \_\_\_\_\_ **ADDRESS** \_\_\_\_\_

# Apt. & S/D Keys to Resident \_\_\_\_\_ # Apt. & S/D Keys Returned \_\_\_\_\_  
 # Mailbox Keys to Resident \_\_\_\_\_ # Mailbox Keys Returned \_\_\_\_\_  
 # Storage Unit Keys to Resident \_\_\_\_\_ # Storage Unit Keys Returned \_\_\_\_\_  
 # Pool Passes to Resident \_\_\_\_\_ # Pool Passes Returned \_\_\_\_\_

### AREA BEING INSPECTED

### DESCRIPTION OF DAMAGE

AREA BEING INSPECTED	DESCRIPTION OF DAMAGE
<b>1. FRONT DOOR</b>	
<b>2. LIVINGROOM</b>	
WALLS	
CARPET	
CEILING	
PATIO DOOR	
FIREPLACE	
CLOSET	
THERMOSTAT	
LIGHT FIXTURE	
LIGHT SWITCHES/PLUGS	
VERTICAL BLINDS	
WINDOWS	
HEAT/AIR VENTS	
CABLE	
PHONE JACKS	
INTERCOM	
<b>3. DINING ROOM</b>	
CARPET	
WALLS	
CHANDELIER	

TRAY CEILING	
HEAT/AIR VENTS	
LIGHT SWITCHES/PLUGS	
<b>4. KITCHEN</b>	
VINYL FLOOR & CARE SHEET GIVEN	
WALLS	
LIGHT FIXTURES	
LIGHT SWITCHES/PLUGS	
COUNTERTOP	
SINK	
DRAWERS	
CABINETS	
MICROWAVE	
STOVE	
RANGE HOOD	
REFRIGERATOR	
DISHWASHER	
GARBAGE DISPOSAL	
<b>5. LAUNDRY ROOM</b>	
WASHER	
DRYER	
SHELVES	
LIGHT	
WALLS	
VINYL FLOOR	
<b>6. MASTER BATHROOM</b>	
WALLS	
FLOOR	
VANITY	
SINK	
MIRROR	
TOILET	
TOILET PAPER HOLDER	
TOWEL RACK	
TUB	

SHOWER CURTAIN ROD	
LIGHTS/FAN	
<b>7. SECOND BATHROOM</b>	
WALLS	
FLOOR	
VANITY	
SINK	
MIRROR	
TOILET	
TOILET PAPER HOLDER	
TOWEL RACK	
TUB	
SHOWER CURTAIN ROD	
LIGHTS/FAN	
<b>8. MASTER BEDROOM</b>	
WALLS	
CARPET	
CEILING	
DOOR	
WINDOW	
VERTICALS	
CLOSET	
LIGHT	
LIGHT SWITCHES/PLUGS	
CABLE	
PHONE JACK	
<b>9. SECOND BEDROOM</b>	
WALLS	
CARPET	
CEILING	
DOOR	
WINDOW	
VERTICALS	
CLOSET	

LIGHT	
LIGHT SWITCHES/PLUGS	
CABLE	
PHONE JACK	
<b>10. THIRD BEDROOM</b>	
WALLS	
CARPET	
CEILING	
DOOR	
WINDOW	
VERTICALS	
CLOSET	
LIGHT	
LIGHT SWITCHES/PLUGS	
CABLE	
PHONE JACK	
<b>11. DOOR STOPS</b>	
<b>12. OTHER</b>	

**MOVE IN STATEMENT:** I hereby accept the apartment, excluding the items checked above, as being satisfactory and acceptable.

RESIDENT \_\_\_\_\_ INSPECTING AGENT \_\_\_\_\_

RESIDENT \_\_\_\_\_

**MOVE OUT STATEMENT:** The apartment was inspected in my presence and the above items checked are correct. I understand that I will be billed accordingly for these items.

RESIDENT \_\_\_\_\_ INSPECTING AGENT \_\_\_\_\_

RESIDENT \_\_\_\_\_

- NOTES:**
1. If resident fails to be present at the time of move out inspection, resident shall be responsible for any and all costs relating to damages done to the dwelling unit.
  2. Pricing will be done by Management.
  3. Use other side for additional comments. These must be initialed by resident and inspecting agent.

**NEW ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_