
WALK-THROUGH INSPECTION SHEET

Type of Inspection (*please circle one*):

Move-In

Move-Out

Date:

Property Address:

Street Name:

Unit No:

City:

Zip:

Tenant(s) Name(s):

Last date of Inspection:

Inspector Name:

EXTERIOR CONDITION

Garage Door:

Exterior Sides of House:

Lawn & Shrubbery:

INTERIOR CONDITION

Walls:

Ceiling Fans/Light Fixtures:

Carpet/Floors:

Doors:

Window Treatments, Windows, Screens:

Appliances:

HVAC:

Other/Notes: