



Property Inspection Form

Date _____

Property Address _____

Tenant's Name _____

Phone _____ H _____ W _____

<p align="center"><u>Living Room</u></p> <p>Walls _____</p> <p>Floors _____</p> <p>Doors _____</p> <p>Electrical _____</p> <p>Windows _____</p> <p>Other _____</p>	<p align="center"><u>Garage</u></p> <p>Walls _____</p> <p>Floors _____</p> <p>Doors _____</p> <p>Electrical _____</p> <p>Windows _____</p> <p>Other _____</p>
<p align="center"><u>Dining Room</u></p> <p>Walls _____</p> <p>Floors _____</p> <p>Doors _____</p> <p>Electrical _____</p> <p>Windows _____</p> <p>Other _____</p>	<p align="center"><u>Storage Shed</u></p> <p>Walls _____</p> <p>Floors _____</p> <p>Doors _____</p> <p>Electrical _____</p> <p>Windows _____</p> <p>Other _____</p>
<p align="center"><u>Family Room</u></p> <p>Walls _____</p> <p>Floors _____</p> <p>Doors _____</p> <p>Electrical _____</p> <p>Windows _____</p> <p>Other _____</p>	<p align="center"><u>Laundry Room</u></p> <p>Walls _____</p> <p>Floors _____</p> <p>Doors _____</p> <p>Electrical _____</p> <p>Windows _____</p> <p>Other _____</p>
<p align="center"><u>Bath #1</u></p> <p>Walls _____</p> <p>Floors _____</p> <p>Doors _____</p> <p>Electrical _____</p> <p>Windows _____</p> <p>Towel Bars _____</p> <p>Sink _____</p> <p>Toilet _____</p> <p>Tub _____</p> <p>Other _____</p>	<p align="center"><u>Bath #2</u></p> <p>Walls _____</p> <p>Floors _____</p> <p>Doors _____</p> <p>Electrical _____</p> <p>Windows _____</p> <p>Towel Bars _____</p> <p>Sink _____</p> <p>Toilet _____</p> <p>Tub _____</p> <p>Other _____</p>
<p align="center"><u>Front Porch</u></p> <p>Railing _____</p> <p>Decking _____</p> <p>Doors _____</p> <p>Steps _____</p> <p>Other _____</p>	<p align="center"><u>Patio/Deck</u></p> <p>Railing _____</p> <p>Decking _____</p> <p>Doors _____</p> <p>Steps _____</p> <p>Other _____</p>

Is there a working Smoke Detector on each floor?

yes

no

<p><u>Bedroom #1</u></p> <p>Walls _____ Floors _____ Doors _____ Electrical _____ Windows _____ Other _____</p>	<p><u>Bedroom #3</u></p> <p>Walls _____ Floors _____ Doors _____ Electrical _____ Windows _____ Other _____</p>
<p><u>Bedroom #2</u></p> <p>Walls _____ Floors _____ Doors _____ Electrical _____ Windows _____ Other _____</p>	<p><u>Bedroom #4</u></p> <p>Walls _____ Floors _____ Doors _____ Electrical _____ Windows _____ Other _____</p>
<p><u>Bath #3</u></p> <p>Walls _____ Floors _____ Doors _____ Electrical _____ Windows _____ Towel Bars _____ Sink _____ Toilet _____ Tub _____ Other _____</p>	<p><u>Kitchen</u></p> <p>Walls _____ Floors _____ Doors _____ Electrical _____ Windows _____ Cabinets _____ Sink _____ Counter Tops _____ Refrigerator _____ Range _____ Disposal _____ Dishwasher _____ Other _____</p>
<p><u>Grounds</u></p> <p>Lawn _____ Trees/Shrubs _____ Walkways _____ Driveway _____ Gutters _____ Other _____</p>	<p>Please carefully note the condition of the property on this form and return within <u>five days</u> of move in. Please attach any additional information as needed.</p>

Tenant

Date

Tenant

Date

Please mail to:
P.O. Box 9346
Hampton, VA 23670-0346
or
Return to your Rental Office