

COLORADO MANAGEMENT & REALTY
MOVE-IN INSPECTION REPORT
THIS FORM MUST BE RETURNED TO CMR WITHIN TEN (10) DAYS OF MOVE-IN

RESIDENT NAME(S): _____

ADDRESS: _____

KITCHEN:	OK	CONDITIONS
Floors		
Walls		
Ceiling		
Cabinets		
Range Top/Oven/Broiler		
Hood Filter Fan		
Refrigerator		
Dishwasher		
Disposal		
Lights		
Sink & Counters		
Windows/Tracks/Screens		

LIVING ROOM, DINING AREA AND HALLWAYS:

Floor, Carpet		
Walls		
Ceiling		
Lights		
Drapes		
Windows/Tracks/Screens		
Fireplace		

BATHROOM 1:

Floor		
Walls		
Ceiling		
Sink & Vanity		
Tub/Shower		
Tile/Grout		
Vent Fan		
Lights		
Toilets		
Towel Bars & Accessories		
Cabinets		
Windows/Tracks/Screens		

BATHROOM 2:

Floor		
Walls		
Ceiling		
Sink & Vanity		
Tub/Shower		
Tile/Grout		
Vent Fan		
Lights		
Toilets		
Towel Bars & Accessories		
Cabinets		
Windows/Tracks/Screens		

(OVER)

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BEDROOM 1:	OK	CONDITION
Floor, Carpet		
Walls		
Ceiling		
Lights		
Drapes		
Windows/Tracks/Screens		
Closets		

BEDROOM 2:	OK	CONDITION
Floor, Carpet		
Walls		
Ceiling		
Lights		
Drapes		
Windows/Tracks/Screens		
Closets		

BEDROOM 3:	OK	CONDITION
Floor, Carpet		
Walls		
Ceiling		
Lights		
Drapes		
Windows/Tracks/Screens		
Closets		
PATIO/BALCONY		
STORAGE AREA		

OTHER EXCEPTIONS AND CONDITIONS:

DATE: _____ **BUILDING NAME:** _____

I HAVE INSPECTED THE ABOVE APARTMENT, AND ACCEPT WITH THE CONDITIONS NOTED.

I UNDERSTAND FURTHER THAT UPON VACATING THE PREMISES, ANY CLEANING, PAINTING, CARPET CLEANING, AS WELL AS REPAIRS OR REPLACEMENT CHARGES OTHER THAN NORMAL WEAR AND TEAR, AS A RESULT OF MY TENANCY, WILL BE CHARGED TO ME ACCORDING TO THE CMR MOVE OUT FEE SCHEDULE.

Approved by

Resident Signature

Date