

**PERSONALIZED MANAGEMENT SERVICES
UNIT MOVE-IN / MOVE-OUT SHEET**

Type of inspection:	<input type="checkbox"/> MOVE-IN <input type="checkbox"/> MOVE-OUT
Date of inspection:	
Building Address:	
Unit # :	
<i>Date due back to Property Manager:</i>	

Tenant(s),

Attached is the Move-In /Move-Out Form mentioned in your lease. Please detail any and all information about any damages that may have occurred before you took possession of the unit.

If you leave something blank we will assume the item is present and in good shape. If it is missing or broken you must indicate that on the form! You may attach additional sheets if you require more space for details or explanations. It is in your best interest to be very detailed, so that during your Move-out, you will not be held responsible for existing damages.

As indicated in the lease, this form is to be returned to **Personalized Management Services** no later than seven (7) days after you receive this form. **Although we will accept this form after this deadline you will be charged a \$25.00 late fee and be held accountable for all damages from the date of your move-in.**

You must also sign the document or we cannot accept it as valid. We recommend that everyone on the lease sign the document to protect yourselves.

NOTE: THIS MOVE-IN/MOVE-OUT FORM IS NOT TO BE USED AS A REQUEST FORM TO HAVE MAINTENANCE DONE ON YOUR UNIT. PLEASE CONTACT PERSONALIZED MANAGEMENT SERVICES DIRECTLY TO HAVE YOUR MAINTENANCE REQUESTS HANDLED.

After inspecting the premises, Resident acknowledges that the premises contain no conditions constituting or posing a material danger or hazard to Resident's life, health or safety.

Inspected by Resident(sign here): _____

Print name here: _____

Date: ____/____/____

Received by: _____ Date: ____/____/____

FOR PERSONALIZED MANAGEMENT SERVICES USE ONLY	
Move out inspection by:	_____
Print name here:	_____
Date of inspection:	____/____/____
_____ carpet receipt _____ furnace filter _____ batteries missing _____ batteries replaced _____ # keys returned	
Workorders: _____ urgent _____ repairs _____ clean _____ keys _____ screens _____ glass _____ grounds	

PERSONALIZED MANAGEMENT SERVICES
UNIT MOVE-IN / MOVE-OUT SHEET

Entry Door		
Outside		
Inside		
Carpet / Flooring		
Living Room		
Carpet / Flooring		
Closet Door In\Outside		
Closet Walls		
Heat Registers		
Ceiling		
Light Fixture		
Walls & windows		
North		
South		
East		
West		
Air Conditioner		
Window Blinds & Tracks		
Screens		
Smoke detector		
Kitchen		
Carpet / Flooring		
Light Fixture		
Heat Registers		
Fire Extinguisher		
Ceiling		
Walls & windows		
North		
South		
East		
West		
Window Blinds & Tracks		
Screens		
Refrigerator		
In\Out Surfaces		
Interior Area		
Freezer		
Ice Trays		

PERSONALIZED MANAGEMENT SERVICES
UNIT MOVE-IN / MOVE-OUT SHEET

Range		
Surface Areas		
Burners		
Drip Pans		
Oven & Racks		
Range Drawer		
Exhaust Fan		
Sink		
Disposal		
Dishwasher		
Microwave		
Countertops		
Wall Cabinets		
Base Cabinets & Drawers		
Hallway		
Carpet / Flooring		
Light Fixture		
Smoke Alarm		
Walls & windows		
North		
South		
East		
West		
Closet Door In\Outside		
Linen Closet In\Outside		
Bathroom #1 location: _____		
Door In\Outside Inside		
Carpet / Flooring		
Ceiling & Light Fixtures		
Heat Registers		
Walls & windows		
North		
South		
East		
West		
Window Blinds & Tracks		
Screens		
Bathtub / Shower		

PERSONALIZED MANAGEMENT SERVICES
UNIT MOVE-IN / MOVE-OUT SHEET

Shower Door		
Tile		
Toilet Tank & Base		
Seat		
Sink		
Vanity / Cabinets		
Mirror & Medicine Cabinet		
Towel Bars		
Fan		
Bathroom #2 location: _____		
Door In\Outside Inside		
Carpet / Flooring		
Ceiling & Light Fixtures		
Heat Registers		
Walls & windows		
North		
South		
East		
West		
Window Blinds & Tracks		
Screens		
Bathtub / Shower		
Shower Door		
Tile		
Toilet Tank & Base		
Seat		
Sink		
Vanity / Cabinets		
Mirror & Medicine Cabinet		
Towel Bars		
Fan		
Bedroom A location: _____		
Door In\Outside		
Carpet / Flooring		
Heat Registers		
Ceiling & Light Fixtures		
Walls & windows		
North		

PERSONALIZED MANAGEMENT SERVICES
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South		
East		
West		
Window Blinds & Tracks		
Screens		
Closet Door In\Outside		
Closet Walls		
Smoke detectors		
Bedroom B location: _____		
Door In\Outside		
Carpet / Flooring		
Heat Registers		
Ceiling & Light Fixtures		
Walls & windows		
North		
South		
East		
West		
Window Blinds & Tracks .		
Screens		
Closet Door In\Outside		
Closet Walls		
Smoke detector		
Bedroom #C location: _____		
Door In\Outside		
Carpet / Flooring		
Heat Registers		
Ceiling & Light Fixtures		
Walls & windows		
North		
South		
East		
West		
Window Blinds & Tracks		
Screens		
Closet Door In\Outside		
Closet Walls		
Smoke detector		

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Bedroom D location: _____	
Door In\Outside	
Carpet / Flooring	
Heat Registers	
Ceiling & Light Fixtures	
Walls & windows	
North	
South	
East	
West	
Window Blinds & Tracks	
Screens	
Closet Door In\Outside	
Closet Walls	
Smoke detector	
Laundry Facilities	
Washer / Dryer	
Floors / Walls	
Garage or Parking Area	
Garage Door	
Oil Spots	
Exterior	
Landscaping (lawn, etc.)	
Trees & Bushes	
Screen Door(s)	
Front Door	
Patio and\or Deck	
Furnace filter	
Carbon monoxide detector location: _____ location: _____ location: _____	Note: there must be a working carbon monoxide detector within 15' of each bedroom. It is against Colorado Law for these detectors to be removed or disabled!
Other smoke detectors location: _____ location: _____ location: _____	

Additional notes (attach additional pages if needed):