CHECK-IN SHEET

SIGNATURE OF RESIDENTS _		DATE			
TELEPHONE #'s: (HOME)		(CELL) _		(WORK)	
STORAGE LOCKER NUMBER OF KEYS RECEIVED:					
Walls/Ceiling: #Nail Holes Doors/Woodwork/Floors Windows/Screens/Shades					
BEDROOM #3					
BEDROOM #2 Walls/Ceiling: #Nail Holes Doors/Woodwork/Floors Windows/Screens/Shades					
BEDROOM #1 Walls/Ceiling: #Nail Holes Doors/Woodwork/Floors Windows/Screens/Shades					
DINING ROOM/STUDY Walls/Ceiling: #Nail Holes Doors/Woodwork/Floors Windows/Screens/Shades					
HALLWAY Walls/Ceiling: #Nail Holes Doors/Woodwork/Floors					
LIVING ROOM Walls/Ceiling: #Nail Holes Doors/Woodwork/Floors Windows/Screens/Shades Fireplace/Screen/Grate/Tools					
BATHROOM Toilet	#Marks	Other _			
Stove/Oven Sink/Faucet/Cabinets Walls/ Ceiling: #Nail Holes Doors/Woodwork/Floors Windows/Screens/Shades	#Marks	Other _			
This apartment has been inspected storms, screens, appliances and pl blinds are at the option of each ter KITCHEN Refrigerator/Freezer	umbing are in good nant and should no	d working o t be included	rder except as noted ld on this sheet.	below. The cleaning of window	s, screens, shades o
RESIDENT.		ADD	NESS:		_ AI I

RETURN WITHIN 5 DAYS OF MOVING INTO YOUR APARTMENT TO; JSW COMPANIES, 301 NORRIS COURT, MADISON, WI 53703

CHECK-OUT SHEET

RESIDENT:	A	ADDRESS:	APT
This apartment has been inspected a storms, screens, appliances and plun		_	ept as noted below. All doors, windows,
KITCHEN			
Refrigerator/Freezer			
Stove/Oven			
Sink/Faucet/Cabinets			
Walls/ Ceiling: #Nail Holes	#Marks	Other	
Doors/Woodwork/Floors			
Windows/Screens/Shades			
BATHROOM			
Sink/Tub/Shower/Curtains	#Moules	Othor	
Windows/Screens/Shades			
w indows/screens/snades			
LIVING ROOM			
	#Marks	Other	
		Other	
Windows/Screens/Shades			
Fireplace/Screen/Grate/Tools			
-			
HALLWAY			
Doors/Woodwork/Floors			
DINING ROOM/STUDY			
	#Marks	Other	
Windows/Screens/Shades			
BEDROOM #1			
Walls/Ceiling: #Nail Holes	#Marks	Other	
Doors/Woodwork/Floors			
Windows/Screens/Shades			
BEDROOM #2			
Walls/Ceiling: #Nail Holes	#Marks	Other	-
Doors/Woodwork/Floors			
windows/Screens/Snades			
BEDROOM #3			
	#Marks	Other	
Windows/Screens/Shades			
			Mailbox Keys
FORWARDING ADDRESS:			
SIGNATURE OF RESIDENTS _		DATE _	

PRINT AND SUBMIT COMPLETED HARD COPY TO THE LANDLORD AT YOUR SCHEDULED CHECK-OUT APPOINTMENT.