

Must be returned within 3 days of apartment and all fixtures will be assumed to be in good and satisfactory condition.

CHECK IN CHECK OUT UNIT ACCEPTANCE FORM

Unit Address _____ Apt. No. _____ Unit Size _____

KITCHEN

Doors _____
Walls _____
Ceiling _____
Floor _____
Stove _____
Drainboard _____
Sink _____
Garbage Disposal _____
Refrigerator _____
Other _____

BATHROOM

Doors _____
Walls _____
Ceiling _____
Floor _____
Toilet _____
Basin _____
Tub _____
Shower _____
Other _____

LIVING ROOM

Doors _____
Walls _____
Ceiling _____
Floor _____
Other _____

BEDROOM NO. 1

Doors _____
Walls _____
Ceiling _____
Floor _____
Other _____

BEDROOM NO. 2

Doors _____
Walls _____
Ceiling _____
Floor _____
Other _____

BEDROOM NO. 3

Doors _____
Walls _____
Ceiling _____
Floor _____
Other _____

BEDROOM NO. 4

Doors _____
Walls _____
Ceiling _____
Floor _____
Other _____

ADDITIONAL FURNISHED INVENTORY

WINDOWS _____
SCREENS _____
LOCKS _____
VENETIAN BLINDS _____
SHADES _____
DRAPES _____
PORCH & STAIRS _____
HOT WATER HEATER _____
KEYS _____

EXTERIOR CONDITION

BUILDING _____
FRONT YARD _____
REAR YARD _____
SIDE YARD _____
OTHER _____

FURNACE OR OTHER HEATING EQUIPMENT

ELECTRICAL FIXTURES

ELECTRICAL OUTLETS

COMMENTS

ACCEPTANCE:

TENANTS' SIGNATURES:

Date _____

Date _____

MAIL TO:
PUERINGER INVESTMENTS AND/OR D.P. INVESTMENTS
616-1/2 FRONT STREET, SUITE 11
BRAINERD, MN 56401

Owner _____ Manager _____ Agent _____

Signature _____

_____ Date _____

