



Walk Through Form

Date _____:

In accordance with the Lease dated _____, a walk-through inspection of _____ ("Property") was made the _____ date. The following existing items were inspected and found to be as noted below:

Working Order Working Order

YES NO

- _____ Stove or Range
- _____ Cooktop
- _____ Wall Oven(s) # _____
- _____ Refrigerator(s) # _____
- _____ w/ Ice Maker
- _____ Dishwasher
- _____ Built-in Microwave
- _____ Trash Compactor
- _____ Disposer
- _____ Freezer
- _____ Window Fan(s) # _____
- _____ Pool Equip. & Cover
- _____ Hot Tub, Equip. & Cover
- _____ Ceiling Fan(s) # _____
- _____ Sump Pump
- _____ Smoke & Heat Detectors

In Place In Place

YES NO YES NO

- _____ Wall-to-wall Carpet
- _____ Shades and/or Blinds
- _____ Playground Equipment
- _____ Existing Storm Windows
- _____ Fireplace Screen/Doors
- _____ Exterior Trees & Shrubs

YES NO

- _____ Washer
- _____ Dryer
- _____ Furnace Humidifier
- _____ Electronic Air Filter
- _____ Central Vacuum
- _____ Water Softener
- _____ Exhaust Fans
- _____ Alarm System
- _____ Intercom
- _____ Garage Opener(s) # _____
- _____ w/ Remote(s) # _____
- _____ Heating Equipment
- _____ Central Air Equip.
- _____ Plumbing Fixtures
- _____ Lighting Fixtures
- _____ Attic Fan(s) # _____

Other:

Remarks:

Tenant(s)/ Buyer(s):

Date

Signature

Date

Signature

If discrepancies are noted above, the parties agree:

_____ To credit the Tenant \$ _____
_____ Repairs are to be made and paid for from _____
_____ The landlord has OR _____ will correct noted discrepancies by _____
(date)

Remarks:

Landlord(s)/Tenant(s):

Date Signature Date Signature