

MOVE-IN/MOVE-OUT REPORT

J & K PROPERTY MANAGEMENT
 P.O. Box 193
 Great Falls, Montana 59403-0193
 (406) 788-6844

RESIDENT	
UNIT NO.	PROPERTY
MOVE-IN DATE	MOVE-OUT DATE

The premises are being delivered in clean, sanitary, and good operating condition, with no spots, stains, marks or damages, unless otherwise noted below in the "Move In Exceptions" box.

ITEM	MOVE-IN EXCEPTIONS	MOVE-OUT CONDITION	ITEMIZED CHARGES IF APPLICABLE
LIVING ROOM, DINING & HALLS			
Walls/Ceiling			
Floor/Carpet			
Closets/Doors/Locks			
Lights/Mirrors			
Drapes/Rods/Blinds			
Windows/Tracks/Screens			
Fireplace			
<hr/>			
KITCHEN			
Walls/Ceiling/Floor			
Counter Tops/Tile			
Cabinets/Closets			
Oven/Stove			
Hood/Fan/Lights			
Refrigerator			
Dishwasher			
Sink/Faucet/Disposal			
Windows/Doors/Screens			
<hr/>			
BEDROOMS	Specify Bedroom #1, #2, or #3	Specify Bedroom #1, #2, or #3	
Walls/Ceiling			
Floor/Carpet			
Lights/Mirrors			
Drapes/Rods/Blinds			
Windows/Tracks/Screens			
Closets/Doors/Shelves			
<hr/>			
BATHROOMS	Specify Bathroom #1, #2, or #3	Specify Bathroom #1, #2, or #3	
Walls/Ceiling			
Floor			
Cabinets/Mirrors			
Sink			
Tub/Shower			
Tile/Grout			
Lights/Vent Fan			
Toilets			
Windows/Doors			
Towel Bars/Accessories			
<hr/>			
WASHER/DRYER			
HEAT/AIR CONDITIONING			
BALCONY/DECK/PATIO			
STORAGE/PARKING AREA			
GARDEN/PLANTS/GRASS			
SMOKE DETECTOR			
NUMBER OF KEYS	Unit Entry Mailbox Other	Unit Entry Mailbox Other	

MOVE-IN COMMENTS	MOVE-OUT COMMENTS
Resident has inspected the above premises prior to occupancy and accepts it with the conditions and/or exceptions noted above. Resident agrees to deliver the premises in like condition upon termination of tenancy, normal wear and tear excepted. Resident _____ Date _____ Management _____ Date _____	Inspection is hereby completed: Resident _____ Date _____ Management _____ Date _____