



Office Contact Information:
PMI (Your Office Name)
Address
Phone

MOVE-IN CHECKLIST

This form needs to be turned into PMI (Your Office Name) within one week of moving in. Please make sure it is signed and dated by you and office personnel. This sheet will be used as a reference when you move out. All items must be noted or will be charged to you and/or your deposit upon move-out. **THIS FORM IS NOT A REPAIR REQUEST.**

Today's Date: _____ Tenant Move-In Date: _____

Tenant(s) : _____

Address: _____

Tenant Signature and Date: _____

Office Personnel Signature and Date: _____

Utilities (Switch all utilizes into your name)

_____ City Utilities: _____

_____ Electricity: _____

_____ Natural Gas: _____

_____ Cable/Satellite TV: _____



Property Status Report:

Foyer/Entry: _____

Living Room/Family Room: _____

Dining Room: _____

Kitchen and Appliances: _____



All Other Appliances (Central A/C, Swamp Cooler, Etc.): _____

Stairway(s): _____

Hallway(s): _____

Office/Den/Loft Area: _____



Laundry Room/Storage Area(s): _____

Bedroom #1: _____

Bedroom #2: _____

Bedroom #3: _____



Bedroom #4: _____

Bedroom #5: _____

Bedroom #6: _____

Bathroom #1: _____



Bathroom #2: _____

Bathroom #3: _____

Garage/ Yard: _____
