



**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:** \_\_\_\_\_

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**Living Room/Family Room:** \_\_\_\_\_

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**Dining Room:** \_\_\_\_\_

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**Kitchen and Appliances:** \_\_\_\_\_

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**All Other Appliances ( Central A/C, Swamp Cooler, Etc.):** \_\_\_\_\_

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**Stairway(s):** \_\_\_\_\_

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**Hallway(s):** \_\_\_\_\_

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**Office/Den/Loft Area:** \_\_\_\_\_

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**Laundry Room/Storage Area(s):** \_\_\_\_\_

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**Bedroom #1:** \_\_\_\_\_

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**Bedroom #2:** \_\_\_\_\_

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**Bedroom #3:** \_\_\_\_\_

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**Bedroom #4:** \_\_\_\_\_

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**Bedroom #5:** \_\_\_\_\_

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**Bedroom #6:** \_\_\_\_\_

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**Bathroom #1:** \_\_\_\_\_

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**Bathroom #2:** \_\_\_\_\_

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**Bathroom #3:** \_\_\_\_\_

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**Garage/ Yard:** \_\_\_\_\_

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