

WALKTHROUGH INSPECTION FORM

ADDRESS		MOVE-IN DATE	
RESIDENT (s)			
RESIDENT SIGNATURE		DATE STAMP & STAFF INITIAL	

FORM MUST BE SUBMITTED TO OUR OFFICE WITHIN A REASONABLE PERIOD FROM TIME OF MOVE IN

If you have any questions, please contact our office at (703) 759-2803

LIVING ROOM	Satisfactory? Yes/No <input type="checkbox"/>		Comments
FLOORING	<input type="checkbox"/>	<input type="checkbox"/>	
WALLS/ CEILING	<input type="checkbox"/>	<input type="checkbox"/>	
WINDOWS/ SCREENS	<input type="checkbox"/>	<input type="checkbox"/>	
DRAPES/ BLINDS	<input type="checkbox"/>	<input type="checkbox"/>	
LIGHT FIXTURES/ SWITCHES	<input type="checkbox"/>	<input type="checkbox"/>	
CLOSETS/ DOORS/ KNOBS	<input type="checkbox"/>	<input type="checkbox"/>	
FAMILY ROOM	Satisfactory? Yes/No <input type="checkbox"/>		Comments
FLOORING	<input type="checkbox"/>	<input type="checkbox"/>	
WALLS/ CEILING	<input type="checkbox"/>	<input type="checkbox"/>	
WINDOWS/ SCREENS	<input type="checkbox"/>	<input type="checkbox"/>	
DRAPES/ BLINDS	<input type="checkbox"/>	<input type="checkbox"/>	
LIGHT FIXTURES/ SWITCHES	<input type="checkbox"/>	<input type="checkbox"/>	
CLOSETS/ DOORS/ KNOBS	<input type="checkbox"/>	<input type="checkbox"/>	
DINING ROOM	Satisfactory? Yes/No <input type="checkbox"/>		Comments
FLOORING	<input type="checkbox"/>	<input type="checkbox"/>	
WALLS/ CEILING	<input type="checkbox"/>	<input type="checkbox"/>	
WINDOWS/ SCREENS	<input type="checkbox"/>	<input type="checkbox"/>	
DRAPES/ BLINDS	<input type="checkbox"/>	<input type="checkbox"/>	
LIGHT FIXTURES/ SWITCHES	<input type="checkbox"/>	<input type="checkbox"/>	
CLOSETS/ DOORS/ KNOBS	<input type="checkbox"/>	<input type="checkbox"/>	
LIVING ROOM	Satisfactory? Yes/No <input type="checkbox"/>		Comments
FLOORING	<input type="checkbox"/>	<input type="checkbox"/>	
WALLS / CEILING	<input type="checkbox"/>	<input type="checkbox"/>	
WINDOWS/ SCREENS	<input type="checkbox"/>	<input type="checkbox"/>	
DRAPES/ BLINDS	<input type="checkbox"/>	<input type="checkbox"/>	
LIGHT FIXTURES/ SWITCHES	<input type="checkbox"/>	<input type="checkbox"/>	
CLOSETS/ DOORS/ KNOBS	<input type="checkbox"/>	<input type="checkbox"/>	
KITCHEN	Satisfactory? Yes/No <input type="checkbox"/>		Comments
FLOORING	<input type="checkbox"/>	<input type="checkbox"/>	
SINK / PLUMBING	<input type="checkbox"/>	<input type="checkbox"/>	
CABINETS/DRAWERS	<input type="checkbox"/>	<input type="checkbox"/>	
STOVE / OVEN	<input type="checkbox"/>	<input type="checkbox"/>	
GARBAGE DISPOSAL	<input type="checkbox"/>	<input type="checkbox"/>	
DISHWASHER	<input type="checkbox"/>	<input type="checkbox"/>	
REFRIGERATOR	<input type="checkbox"/>	<input type="checkbox"/>	
OTHER APPLIANCES	<input type="checkbox"/>	<input type="checkbox"/>	
WALLS/ CEILING	<input type="checkbox"/>	<input type="checkbox"/>	

