

Long-Term Corporate Rental Condition Record

Company Name

Property Address

Lease Start Date

Lease End Date

Representative Name

Initial Inspection Date

Final Inspection Date

General Notes / Special Conditions

Condition Checklist

Area / Item	Initial Condition	Final Condition	Comments
Living Room			
Kitchen			
Bedroom 1			
Bedroom 2			
Bathroom			
Office / Workspace			
Furniture			
Appliances			
Utilities (e.g. HVAC, Water Heater)			
Other			

Additional Remarks

Company Representative Signature

Date

Landlord/Agent Signature

Date